



Leicester
City Council

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

Held: MONDAY, 21 JULY 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 Blower
Councillor Gill	Councillor Hall
Councillor Naylor	
(sub for Cllr Manish Sood)	

Leicestershire County Council

Mrs JA Dickinson CC	Mr PA Hyde CC
Ms B Newton CC	Mrs Page CC
	(Sub for Mr Liquorish CC)

In Attendance

Councillor Bhatti (Cabinet Lead for Health and Community Safety City Council)

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1. APOLOGIES FOR ABSENCE

Apologies were received from City Councillors Dawood and Manish Sood and for County Councillors Mr Bailey, Mr Coxon and Mr Liquorish.

2. 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 non-prejudicial personal interest as he was a member of University Hospitals Leicester (UHL) and Leicestershire Partnership NHS Trusts.

Ms Newton CC declared that she had a non-prejudicial personal interest as she had one son employed by Leicestershire Partnership NHS Trust and a daughter employed by University Hospitals Leicester.

Mr Houseman CC declared a personal interest in Item 11, "Disposal of Syston Ambulance Station," as he lived in the vicinity of Syston Ambulance station.

3. MEMBERSHIP OF THE COMMITTEE

RESOLVED:

that the Membership of the Committee be noted.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting on 31 March 2008 be agreed as a correct record.

5. WORKING ARRANGEMENTS, TERMS OF REFERENCE AND WORK PROGRAMME

Kate Owen, Member Support Officer, presented the working arrangements, terms of reference and work programme. A Member of the Committee requested an amendment to the Terms of Reference noting that LINKs had now taken over from the PPIF (Patient and Public Involvement Forum).

RESOLVED:

that the report with the relevant amendment be noted.

6. PETITIONS

No petitions were received.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

Birkdale

Janet Rowe was present on behalf of Alan Stanley, Keep our NHS Public Leicester, Leicestershire and Rutland, and read out the question as outlined on the report. Malcolm Lowe-Lauri, the Chief Executive of the University Hospitals of Leicester NHS Trust (UHL) responded to the question as detailed below:

1. UHL entered into a contract with the Birkdale Clinic in January 2008 to assist the Trust in meeting its 18 week waiting list targets in relation to the following services:-
 - Orthopaedics,
 - Plastic surgery,
 - Maxillofacial.

2. The arrangement was for NHS Consultants from other parts of the country, who were contracted to the Birkdale Clinic, to carry out operations in UHL operating theatres at weekends to help reduce waiting times for patients.
3. UHL made it a condition of the contract that the Consultants were NHS Consultants and registered on the General Medical Council Specialist Register.
4. The decision to enter into the contract was taken by UHL Trust Board in December 2007. The Trust's Solicitors prepared the contract documentation under which Birkdale was obliged to provide healthcare to best standards and to comply with the Trust's policies and procedures.
5. The Trust's own Consultants were already committed to working at full capacity in these specialties, and it was therefore necessary for the Trust to access additional capacity and capability to help reduce patient waiting times and meet national waiting time targets by 31 March 2008.
6. The Birkdale Clinic was known to the Trust as an experienced provider of clinical services to the NHS. In 2003, Birkdale had been appointed by the Department of Health to run an Independent Sector Treatment Centre to treat NHS patients.
7. Prior to entering into the contract, the Trust carried out due diligence and reviewed reports published by the Healthcare Commission assessing Birkdale's own hospital facilities in Rotherham. UHL governance procedures were put in place to make sure that, on important issues like infection prevention and control, the clinicians worked to the Trust's exacting standards. The Trust also spot checked wards for reassurance that UHL quality processes were being met in practice.
8. Eight weeks into the arrangement, in March 2008, UHL Consultants raised a number of clinical concerns regarding some orthopaedic cases. No difficulties were encountered with Birkdale's maxillofacial work, and, in the event, no plastic surgery work had then been undertaken by Birkdale.
9. As a result of these concerns, the Trust decided to suspend the arrangement with Birkdale and has since conducted a review of the 210 patients who had received orthopaedic treatment.
10. The Trust informed the Healthcare Commission of its actions in suspending the contract and has since made information available to the Healthcare Commission at its request.

11. Whenever surgery is undertaken, complications are expected in a proportion of cases. In other words, all surgery carries an element of risk. However, thankfully our review has not established any significant overall pattern of poor outcomes in those patients treated by the Birkdale Clinic.
12. The period of the original contract has now expired and the Trust will therefore not be renewing the arrangement with Birkdale.
13. Dr Allan Cole, Trust Medical Director has reported on this matter at the Trust's public Board meetings held on 3 April, 15 May and 18 June 2008.
14. Dr Cole will submit a final report on the results of the Trust's review to the next public Trust Board meeting on 4 September 2008.
15. The fees payable to Birkdale for the work undertaken were at the standard NHS tariff for such clinical procedures, less 7.5%. There has been no financial loss to the local health community as a result of the Trust entering into this contract.

Janet asked a supplementary question, as to why Birkdale had been employed in spite of the negative reports. In response Malcolm stated that an assessment was carried out before Birkdale were employed which had not given cause for concern.

8. NEXT STAGE REVIEW

The Committee heard a presentation introducing the 'Excellence for All' vision for Leicestershire, Leicester and Rutland, and the Next Stage Review. Presenting the information was Jo Yeaman, Next Stage Review Lead – Engagement and Consultation, Malcolm Lowe-Lauri the new Chief Executive of the University Hospitals of Leicester NHS Trust, and Helen Seth, Deputy Director of Operations (Modernisation). Apologies were given for Tim Rideout who was unable to make the meeting.

Jo Yeaman stated that reviews were being carried out across the country as part of the national 'Our NHS, Our Future: Next Stage Review', which was being led by Lord Darzi. In Leicester, Leicestershire and Rutland (LLR) NHS organisations had been working jointly on their review called 'Excellence for All'. A number of documents had been published to provide information and allow feedback, these were available in leaflet and more detailed forms.

The focus of the LLR review was on improving the health and well-being of people living locally, and based on seven key principles which were outlined in the report. The vision explained how health services might be delivered in the future which, if undertaken, would change the way the service was provided. The formal engagement had commenced on 15 July 2008 and would conclude on 5 October 2008.

A Member of the Committee enquired about which committees addressed children's mental health. In response Jo noted that this was split between the Children's and the Mental Health Scrutiny. Notes of these meetings were available on the internet and would be provided to the Member. A Member of the Committee asked if these nursing services would be based in schools. Jo acknowledged that the number of school nurses was currently below an adequate level.

In response to a question regarding emergency care Jo explained that more services needed to be directed locally and away from unnecessary hospital treatment. Helen Seth explained that in addition to this better access would be needed, such as public transport.

A Member of the Committee expressed concern that existing users of the Health service had not been consulted. It was agreed that work needed to be carried out to include this group.

A Member stated that in 2006/07 the NHS organisation within LLR collectively made a surplus and was expected to do so again in 2007/08. Malcolm Lowe-Lauri reported that the UHL had a current credit balance of £500,000. Concern was expressed that the surplus might have come from gaps in the services, as there were many areas that needed the money, such as building improvements. Malcolm noted that these areas were covered separately. He explained that the PCT normally had a surplus and had a legal duty to secure a positive balance. The use of capital was being investigated to address the concerns within the service.

Helen Seth explained how the Next Stage Review would fit with the University Hospitals Leicester (UHL) emerging strategy, which would better serve the needs of the patients. Helen reported that there would be work carried out with patients to enable them to access more care locally. It was anticipated that people using hospitals would be in need of more specialist care. It was often found that patients entering hospital had not received the correct initial diagnosis. The new provision would provide a single front door multidisciplinary access point to help correctly diagnose symptoms. This would enable patients to receive the correct care early on and in doing so help save money from unnecessary consultations and admissions. An example of the importance of this change was identified in acute stroke, where early correct diagnosis could be a matter of life and death. Additional early diagnosis training would also be given to GPs and publicised to the public.

The next step was for a period of extensive public engagement, and independent evaluation of feedback with the results shared in the autumn that would inform the way forward. A Member of the Committee asked how the process would develop and how the Committee would fit into the process. Jo Yeaman reported that this was contained in the next step. Information would be gathered and compiled by one of the universities to prevent any bias. There would also be sub-committee reports from patient groups, work with Councillors and other organisations and 1400 groups would also be contacted

over next three months. This information would then be brought back to the Committee in the Autumn as no definite timetable was available.

Jo reported that there was to be a 'Happy Health Day' to help inform people of services and to be used as part of the consultation. It was hoped that the different services would co-ordinate on events.

There was an extensive amount of work being carried out to enable consultation with hard to reach groups.

A Member of the Committee asked for a definition of the difference between a consultation and an engagement. In response it was explained that a consultation had a number of legal requirements and at the end of the process decisions needed to be made. An engagement was to address if an issue needed to be taken forward and would lead to a possible debate and consultation. If there was an impact on care or change in service delivery a consultation would be needed. The timescale for the processes would be available in Autumn.

RESOLVED:

- 1 that the Committee note the report.
2. that the outcome of the Next Steps consultation be presented to the Committee in the Autumn.
3. that a timetable of the process of the Next Stage Review be provided to the Committee.
4. That information be provided to the Committee on the scrutiny of children's mental health issues.

9. NO. 1 THE GRANGE

Professor Anthony Sheehan, Chief Executive, Leicester Partnership NHS Trust, Liz Howes, Acting Director of Learning Disability & Specialist Mental Health Services, Christine Palmer Associate Director of Communications, and Tony Burnell, Director of People and Business Effectiveness were present at the meeting. Anthony Sheehan presented the Leicestershire Partnership Trust's report on Services Provided at Number 1 The Grange.

At the meeting on 17 March 2008 the Committee were informed that the closure of The Grange was to be postponed until 30 September 2008. This extended time had allowed the service to have further communication with the users of this service and carry out an internal review.

The Trust had reviewed the options with the Executive Short Breaks Group and decided that The Grange would remain open at least until 31 March 2009 and financial support would be shared across the Partners. A final decision on the Grange would depend on the outcome of the Health Short Breaks Review. Anthony Sheehan expressed his thanks to the Partners involved.

A Member of the Committee queried if there had been a drop in the use of the service. In response Liz Howes noted that there had been no change as the service was operating as normal and new clients had been accepted. If there were changes to be made users would be given notice.

A Member of the Committee suggested that a copy of the equalities impact assessment and the final strategy for The Grange be made available to the Committee when available.

Bhupen Dave, Service Director, Community Care Services, stated that in his view this was a positive report. report and that the funding currently being used to keep The Grange open was from all partner agencies involved, including the Local Authorities. The Short Break Strategy was offered to the Committee when completed.

RESOLVED:

1. that the outcome of the Health Short Breaks Review be submitted to the committee.
2. that a copy of the equalities impact assessment be provided to the Committee.

10. PERSONAL DEVELOPMENT PLANS- PROGRESS ON ACTION PLAN AND ANY IMPACT ON STAFF RETENTION

Professor Anthony Sheehan, Chief Executive, Leicester Partnership NHS Trust, Liz Howes Acting Director of Learning Disability & Specialist, Christine Palmer Associate Director of Communications, and Tony Burnell Director of People and Business Effectiveness were present at the meeting. Tony Burnell presented a report on the Leicestershire Partnership NHS Trust's personal development plans (PDP). Following the declaration of non-compliance against Healthcare Standard C8b the Trust had developed an action plan with supporting systems to ensure that all staff would have a current PDP in place by October 2008. It was reported that it had not been felt by staff in their exit interviews that the absence of PDPs was a factor in their decision to leave. The staff turnover was lower than the public sector average and there were no difficulties in recruitment.

A Member of the Committee queried if there had been any changes following the staff surveys and low rate of appraisals. Tony noted that for the staff that were in work there would be 100% rate of appraisals carried out. This was for all staff in work at any one time as staff on secondment, maternity leave etc could not receive their PDP. Anthony Sheehan reported that at that level they would be above the rate of any other Trust in the country.

The number of staff in post had fallen since 2003; Members asked if there had been a staff retention problem. In response it was reported that this was more likely from changes in services and a number of cost improvements.

Members requested that when the Trust submitted their declaration for 2008/2009 it would provide the percentage of people who had received the PDPs. It was felt that the PDPs provided staff with an opportunity to present concerns, and thus make them feel more valued.

The Chair expressed the Committee's thanks for the report.

RESOLVED:

that when the Trust submitted their declaration for 2008/2009 that it would provide an outline of the developments in the Personal Development Plans.

11. DISPOSAL OF SYSTON AMBULANCE STATION

Glenn McTeak, East Midlands Ambulance Service, reported on the disposal of the Syston Ambulance Station. He gave apologies for Ian Donnelly who was unable to attend the meeting. He reported that consultation had taken place with staff at the station. The closure would have an impact on the staff, and for this reason there was no intention to rush the process. It was envisaged that the process would take around six to twelve months.

A Member of the Committee queried if a blue light service was still run from the station. In response Glenn explained that this was traditionally a standby station. The new standby point was in discussion to see how this could best serve the community. Members expressed concern that there were not any alternative facilities yet in place for staff.

Members queried what was happening with the sale of the ambulance station. Glenn understood that the process was still underway and it had not been removed from the market.

Glenn assured the Committee that any decisions regarding the service were not influenced by financial problems caused by the rising fuel prices. Funding had been allocated to the Leicestershire services for that purpose and they were achieving their targets.

RESOLVED:

that the report be noted.

12. DATES OF FUTURE MEETINGS

RESOLVED:

that 22 September 2008 and 24 November 2008 be agreed as future meetings.

13. CLOSE OF MEETING

The meeting closed at 1.16pm.

