Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 7 MARCH 2018 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin - Chair
Councillor Fonseca - Vice-Chair

Councillor Cassidy
Councillor Cleaver
Councillor Dr Moore

In Attendance

Councillor Clarke – Deputy City Mayor – Environment, Public Health and Health Integration.

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66. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin, Corrall and Sangster. Councillor Waddington also submitted her apologies due to her attendance at her Ward Community Meeting.

Councillor Cleaver, currently Vice Chair of the Adult Social Care Scrutiny Commission and who had previously been a member of the Health and Wellbeing (H & WB) Scrutiny Commission was present as substitute for Councillor Sangster.

Councillor Cassidy who had previously been a member of the H & WB Scrutiny Commission was present as a substitute for Councillor Waddington.

Councillor Dr Moore, Chair of the Children, Young People and Schools (CYPS) Scrutiny Commission was present as a substitute for Councillor Corrall. Councillor Dr Moore had previously chaired a joint CYPS and H & WB Scrutiny Commission, where the Children and Adolescents Mental Health Service had been considered.

72. THE CARE QUALITY COMMISSION INSPECTION OF THE LEICESTERSHIRE PARTNERSHIP NHS TRUST

The Chief Executive of the Leicestershire Partnership NHS Trust (LPT)

submitted a report that advised of the outcomes following the Care Quality Commission's (CQC) inspection of the LPT which was undertaken 9 October -- 21 November 2017.

Dr Peter Miller, the Chief Executive and Ms Liz Rowbotham, Non-Executive Director and Chair of the LPT Quality Assurance Committee were in attendance to present the report and respond to comments and queries from Members. Dr Miller explained that as part of its new regime, the CQC carried out inspections every year and chose five services to inspect, based on a risk based approach. For example, services that were judged to be inadequate would be inspected every year; services that were judged to require improvement, would be inspected every two years.

The Chair referred to the inspection report and expressed concerns at the number of recurring themes that were being highlighted by the CQC as areas for improvement.

Dr Miller explained that the CQC had found some improvement in each of the services they had inspected. The Children and Adolescents Mental Health Service (CAMHS) had been rated as inadequate at the previous inspection but had improved since then. However, it was recognised that the service needed to improve further. The core child mental health services were in demand and currently there were about 1000 children waiting to be seen; but there were being monitored in a regular way which was why the service was judged to be improving. A Member expressed concerns that with as many as 1000 children waiting to be seen, it was unlikely that CAMHS would receive a good rating at the next inspection. Members heard that other improvements also included progress in addressing ligature points.

Dr Miller also referred to the areas that the CQC had highlighted as requiring improvements. These included issues with staffing levels and high case-loads in community teams, significant levels of agency staff and issues around clinical supervision as the LPT was not meeting its own targets. The CQC had also highlighted for improvement the two and four bedroom dormitories in mental health wards, but significant investment was required to change those environments. Members heard that there would be a new children's mental health unit on the Glenfield Site which would prevent children going out of the area for treatment.

In response to the CQC findings, a new Action Plan had been drawn up; Members received an update on this from Ms Rowbotham. Members heard that a local leader was responsible for managing the actions within the plan and committees had been assigned to each action. Any actions from the previous plan which had not been signed off had been incorporated into the new Action Plan. In response to a query, Members heard that the format of the plan looked very similar to the previous plan and would mainly focus on the 'must do' items. The 'should do' items were being tracked by the relevant director and would not be forgotten.

A Member commented that her interpretation of the CQC report was different to

what the Chief Executive was saying, in that Members were being told that the situation had improved in the mental health unit but the report stated that there were still risks arising from ligature points. She stated that there should be no risks and the situation was not good enough. Dr Miller agreed that safety was critical. There were still some risks in those environments but most of them had been mitigated and the main ligature points had been removed. Any wards which were not ligature free would be risk managed and anyone at risk of self-harm would not be placed in one of those wards. The Chair commented that while it was important to know that patients were safe, this involved safeguarding issues as well as the physical environment.

Members heard that the numbers of the LPT bank staff, particularly in the Community teams incurred a significant cost for the LPT and the Chair suggested that the Commission should consider this issue at a future meeting.

It was noted that the CQC highlighted issues around care plans which did not record patient involvement adequately and a Member stressed the importance of accurate and up to date care plans. Dr Miller agreed and commented that an audit exercise sometimes showed a care plan which did not reach the expected standard; however improvements in this area were being seen.

A question was raised as to why there were not sufficient nurses and heard that there were approximately 100 mental health nurses and several hundred vacancies across the UHL. There were more doctors and nurses than five years ago, but turnover had increased and there were more issues around retention.

In response to concerns relating to issues of cleanliness that were highlighted by the CQC, Ms Rowbotham responded that there was a named senior named officer responsible for each of the actions on the plan. Dr Miller added that maintenance and cleaning of the estate was regularly audited and any problems identified were acted upon. He had been very disappointed that the CQC inspectors had found one area that was not as clean as it should have been. He added that in his view, some of the estate was not fit for purpose; for example the dormitory wards in the Bradgate Unit were not suitable but would cost approximately £50m to address. Dr Miller doubted that the capital required for the work would be made available during 2018/19 but hoped that this would be found within three years. The Chair asked for the plans for the improvements to the infrastructure at the Bradgate Unit to be added to the Commission's work programme as the local capital funding position developed.

A Member referred to issues relating to supervision and the keeping of records and he questioned whether this was recorded as a key action to be addressed. Dr Miller confirmed that this was a key action; some of the issues identified by the CQC referred to people not recording supervision meetings, but this was a critical issue and improvement was needed.

A concern was expressed relating to staff retention and it was questioned whether this was a national problem and how Leicestershire compared with its neighbours. Dr Miller responded that there were 45000 vacancies nationally;

but some areas were doing better than Leicestershire. Northumberland and Tyne and Wear were achieving outstanding results as a result of their transformation programme. Dr Miller added that there were three main transformation programmes in the LPT relating to CAMHS, Adult Health and Community Nursing. The Chair asked for the Transformation Plan to be brought to a future meeting of the Scrutiny Commission.

Concerns were expressed about the effect that staff retention had on children and that some of the children with low level problems, who were waiting to be seen, could have been helped by Education Psychologists if they still went into schools. Dr Miller agreed and with an increase in the number of children who were self-harming or with autism, attention deficit disorder or eating disorders there was a 20% increase year on year in the number of referrals to CAMHS. A suggestion was made for information to be shown on television screens in GPs and hospital waiting rooms to help any parents who had children with autism.

The Chair drew the discussion to a close and said that there were some questions arising from the inspection relating to contract management which would be raised with the Leicester City Clinical Commissioning Group. The chair added that it was recognised that there were structural problems with the estate and that the staff were caring and under tremendous pressure. It could be seen that some improvements had been made but the Commission would like to see all the areas receiving a 'good' rating. The Chair asked for the Action Plan and a representative of the Quality Assurance Committee to either come to a future meeting of the Health and Wellbeing Scrutiny Commission or the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee.

AGREED:

1) that the report be received and noted;

2) that the Action Plan arising from the CQC inspection of the Leicestershire Partnership NHS Trust and a representative of the Quality Assurance Committee to come to either a future meeting of the Health and Wellbeing Scrutiny Commission or the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee.

3) that the views of the Clinical Commissioning Group be sought as to the ratings arising from the Care Quality Commission's inspection of the Leicestershire Partnership NHS Trust.

Action	By
For the Action Plan arising from the CQC inspection of the Leicestershire Partnership NHS Trust and a representative of the Quality Assurance Committee to come to either a future meeting of this Commission or the Leicestershire,	The Scrutiny Policy Officer

Leicester and Rutland Joint Health Scrutiny Committee.	
For the view of the CCG be sought as to the findings of the CQC inspection of the LPT	The Scrutiny Policy Officer to liaise with the CCG.
For issues relating to LPT bank staff be considered at a future meeting of the Commission	The Scrutiny Policy Officer to add to the work programme.
For plans for the improvements to the infrastructure to the Bradgate Unit to be added to the Work Programme as the position regarding capital funding develops.	The Scrutiny Policy Officer to add to the work programme.
For an update on the LPTs Transformation Plan to be bought to a future meeting of the Commission	The Scrutiny Policy Officer to add to the work programme.