



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 13 March 2019.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. D. C. Bill MBE CC

Mr. J. G. Coxon CC

Mrs. A. J. Hack CC

Dr. S. Hill CC

Mr. W. Liquorish JP CC

Mr T. Parton CC

Mrs. J. Richards CC

Mrs. M. Wright CC

In attendance

Micheal Smith, Healthwatch Leicester and Leicestershire.

Paul Gibara, Chief Commissioning and Performance Officer, ELRCCG (minutes 63, 67 and 68 refer).

Dr Dan Barnes, Consultant Thoracic Radiologist, UHL (minute 63 refers).

Sam Leak, Director of Operational Improvement, UHL (minutes 63 and 65 refer).

Mike Ryan Director of Urgent and Emergency Care (Interim), LLR System (minutes 65 and 66 refer).

Nikki Beacher, Head of Adult Services, LPT (minute 65 refers).

Richard Lyne, General Manager, EMAS (minute 65 refers).

Derek Laird, Chief Executive, TASL (minute 66 refers).

Kate Jerram, Operational Manager, TASL (minute 66 refers).

Hayden Newton, Quality Lead, TASL (minute 66 refers).

Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire CCG (minutes 67 and 68 refer).

Simon Pizzey, Head of Planning and Strategic Commissioning, ELRCCG (minute 67 refers).

Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 68 refers).

56. Minutes of the previous meeting.

The minutes of the meeting held on 16 January 2019 were taken as read, confirmed and signed.

57. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

58. Questions asked by members under Standing Order 7(3) and 7(5).

Mr. D. C. Bill MBE CC asked the following question:

At a previous meeting of this Committee it was agreed that a letter would be sent to the Secretary of State and to NHS England urging support for the £8m programme to re-

organise the Hinckley hospitals. On December 19th it was reported by the CCG that the Secretary of State had allocated this sum to the project and this is of course very good news. It was also reported however that these plans still need to be approved by NHS England and that until this takes place public consultation cannot start.

As time is now moving on can this Committee please agree to press NHS England to approve the plans as submitted by the CCG so that progress can be made?

Dr. R. K. A Feltham CC replied as follows:

NHS England have already approved the strategic outline case for Hinckley and Bosworth Community Services and as such have set aside funding. WLCCG are currently working to refresh and confirm the content of the Pre consultation business case (PCBC) which will require approval of the CCG board and NHS England before consultation can commence. WLCCG are aiming to complete the updated PCBC by June and therefore hope to be able to consult during July – Sept 2019. Following this consultation, final decisions will be taken by the CCG and will still require approval from the NHS in terms of a further detailed OBC (Outline Business Case) and then an FBC (Full Business Case) - the timelines for these elements are not yet confirmed but it could take up until 2020/21 until full approval to proceed is given. (This is standard in terms of significant capital investment within the NHS, and WLCCG assure that they are doing everything they possibly can to complete the planning as soon as possible without setting unrealistic timescales).

In my view it would not be beneficial for the Committee to write to NHS England again until it has been consulted on the PCBC. County Council officers are in regular contact with officers at WLCCG and are monitoring progress with the business case to ensure that the Health Overview and Scrutiny Committee receives it at the appropriate time.

Mr. D. C. Bill MBE CC asked the following supplementary question:-

Could the local members be kept apprised of progress with Hinckley and Bosworth Community Services?

Dr. R. K. A Feltham CC provided assurance that local members would be kept updated.

59. Urgent items.

There were no urgent items for consideration.

60. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

61. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

62. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 36.

63. Cancer Performance Update.

The Committee considered a report from the Leicester, Leicestershire and Rutland Cancer Programme which provided an update on cancer performance for Leicestershire and highlighted work being undertaken to improve cancer services for patients. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Paul Gibara, Chief Commissioning and Performance Officer, at ELRCCG along with Dr Dan Barnes, Consultant Thoracic Radiologist, UHL Cancer Centre Clinical Lead, and Sam Leak, Director of Operational Improvement, UHL to the meeting for this item.

Arising from discussions the following points were noted:

- (i) In response to concerns raised by members about whether the system had the capacity to meet demand it was acknowledged that changes were required to the way the system operated in order to increase capacity and explained that a transformation programme was underway which would lead to the required changes. Funding from the East Midlands Cancer Alliance had been received which would be used to improve early diagnosis and support those who had been diagnosed with cancer, and there was confidence that additional funding could be obtained which could also be used to increase capacity.
- (ii) Members were pleased to note that the LLR Cancer Programme was performing well for early diagnosis in comparison with its peers. However, it was also noted that the performance for cancer screening was deteriorating and NHS England had the responsibility for screening. Reassurance was given that locally CCGs were conducting work to improve the level of communication between GPs and patients regarding the importance of screening and a workshop had been held in this regard. Certain demographics were at a higher risk of cancer than others therefore targeted campaigns took place to encourage people within those demographics to undertake cancer screening. The LLR Cancer Programme made sure it had the additional capacity to deal with the increased demand caused by the targeted campaigns.
- (iii) The numbers of 2 week wait referrals from primary care for cancer investigations had increased by 15.9% however the percentage of those patients that were being diagnosed with cancer had remained stable and not increased. NHS England set a target of 3% detection rate for this pathway.
- (iv) The Faecal Immunochemical Test (FIT) enabled colorectal cancer to be diagnosed more quickly than other diagnostic methods. Leicester, Leicestershire and Rutland along with Nottinghamshire were the first areas where the FIT was in use and it was expected that it eventually would replace the Faecal Occult Blood Test (FOBT).

RESOLVED:

That the cancer performance for Leicestershire be noted, and the work being undertaken to improve cancer services be supported.

64. Healthwatch Review of Winter Messages.

The Committee considered a report of Healthwatch Leicester and Leicestershire which summarised the results of a review carried out by Healthwatch into the effectiveness of public health messages issued throughout winter 2018/19. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed Micheal Smith, Manager, Healthwatch Leicester and Leicestershire to present this item.

Arising from discussions the following points were noted:

- (i) Members stated that it would have been helpful if the Healthwatch report contained details on the ages and places of residence of the participants in the survey. A member also stated that only having one focus group taking place in the County Council area (Loughborough) was insufficient.
- (ii) There was some confusion amongst the public around the ages that patients were entitled to receive particular vaccines such as for flu and shingles. Some vaccines were only available for people over the age of 65 and there needed to be better communication around the precise policy that was in place. A member queried whether every GP Practice had the same rules on age or whether it differed across LLR. Officers agreed to ask the Clinical Commissioning Groups to provide a written response to members regarding this query.
- (iii) In response to a question from a member, Micheal Smith confirmed that in carrying out the survey Healthwatch had not gained any sense that the public were opposed to vaccinations due to worries that vaccines could cause disorders such as autism.

RESOLVED:

That the results of the review of effectiveness of public health messages issued throughout winter 2018/19 be noted.

65. Urgent and Emergency Care Resilience and Winter 2018/19.

The Committee considered a report of the Leicester, Leicestershire & Rutland (LLR) Health and Social Care System which provided an overview of performance over the 2018/19 winter period across the LLR Urgent and Emergency Care system. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Mike Ryan Director of Urgent and Emergency Care (Interim), LLR System, along with Sam Leak, Director of Operational Improvement at UHL, Nikki Beacher, Head of Adult Services at LPT and Richard Lyne, General Manager, EMAS to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Members were pleased with the marginal improvement in overall performance and particularly welcomed the improvement in some areas for example there were zero 12-hour trolley breaches in A&E. However, it was questioned whether performance would improve the following winter taking into account that 2018/19 was a relatively

mild winter in terms of the weather, and that the population of LLR was continuing to increase. In response to these concerns reassurance was given that LLR had refreshed cold weather and infection control plans for 2018/19 in preparation, and work was being undertaken to address the gap between capacity and demand. Transformational programmes would be implemented in the summer which would ensure that processes were as efficient as possible. The staffing blend on wards was being looked at to ensure the right mix of skills was available and a recruitment drive was taking place in 2019 to address vacancies in nursing and other medical roles.

- (ii) The Ambulance Response times had improved though they were still below the national standard. The figures quoted in the report related to the whole of LLR and all areas had seen an improvement, recognising that most of the outliers in terms of response times were in rural areas. As a result of commissioner investment EMAS had increased its staffing levels by 70 and a further 20 new staff were in training and would become part of the active workforce soon.
- (iii) In response to a suggestion from a member it was acknowledged that changes could be made to the way the LLR Urgent and Emergency Care System communicated important winter messages to patients such as through greater use of social media, though care would have to be taken to still use methods that would be seen by those that did not access the internet. It was suggested by members that noticeboards at GP Practices needed to be more focused and kept up to date, and also posters and notices needed to be displayed at other venues because not everybody visited their GP Practice regularly.

#### RESOLVED:

That the improvements to performance over the 2018/19 winter period be welcomed though it be noted that the Committee has concerns whether this improvement in performance can be sustained in future winters.

#### 66. Non Emergency Transport - TASL

The Committee considered a report of the Leicester, Leicestershire & Rutland (LLR) Health and Social Care System regarding the Non-Emergency Patient Transport Service run by Thames Ambulance Service Ltd (TASL) and the Care Quality Commission's inspection report dated 13 February 2019 relating to TASL. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed Mike Ryan, Director of Urgent and Emergency Care (Interim), LLR System, Derek Laird, Chief Executive of TASL, Kate Jerram, TASL Operational Manager, and Hayden Newton, Quality lead for TASL to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The TASL management team welcomed independent review of the organisation however it was of the view that the timing of the CQC inspection in October 2018 was unfortunate as many initiatives designed to improve performance were not yet imbedded. TASL had challenged the CQC's findings and invited the CQC to conduct a re-inspection of the Non-Emergency Patient Transport Service. The re-inspection was expected to take place in summer 2019 and was likely to include TASL operations in Leicestershire. It was clarified that whilst the results of the CQC

inspection only related to Lincolnshire, the actions to improve performance as set out in the report for the Committee applied to Leicestershire as well.

- (ii) Members had concerns that given the emphasis TASL placed on the Lincolnshire part of their operations, including deciding to base their training programme at Grimsby College, it did not give assurance that TASL performance in Leicestershire would be better than that in Lincolnshire. In response to those concerns reassurance was given that the Clinical Commissioning Group operated a quality team which monitored the performance of TASL in Leicestershire, carried out announced and unannounced inspections, took proactive action and ensured that services were safe, standards were met, and that any areas for improvement were addressed.
- (iii) In response to a question as to how the patient experience with TASL was monitored, it was explained that a Patient Experience Team had been set up within TASL, the Head of which had recently been recruited. A review and appeal process for complaints had been agreed which included the option of referral to the CCG if the complainant wished to escalate the complaint that far. TASL agreed to provide Committee members with the results of a survey of friends and relatives of patients that used the non-emergency transport service and the analysis of themes and trends. TASL also invited Healthwatch to work with them on measuring and monitoring the patient experience.
- (iv) The vehicles used by TASL already contained trackers so the location of the vehicle could be monitored, however new trackers were being installed which would also provide information on the speed of the vehicle and the performance of the driver in relation to safety.
- (v) Deep cleaning of the vehicles occurred once every two weeks. During shifts ambulance staff were able, if required, to wipe down the interior of the vehicle and staff were also allocated 20 minutes at the end of the shift to clean the vehicles. If there was not time at the end of the shift to clean the vehicle then staff could notify the manager who would ensure that the vehicle was cleaned the next morning before it was used again.
- (vi) The CQC report had identified that not all TASL staff had completed mandatory training so a training programme had been put in place which began in February 2019 and it was expected that by the end of March 2019 all staff would have completed their mandatory training.

#### RESOLVED:

- (a) That the update on the Care Quality Commission's inspection report of TASL be noted with concern, and the actions being taken to address the issues raised in the report be welcomed.
- (b) That officers be requested to produce a report for a future Committee meeting on progress with the TASL action plan and the results of any future inspection by the Care Quality Commission.

67. NHS Long Term Plan.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which set out the key requirements of the NHS Long Term Plan. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire CCG, Paul Gibara, Chief Commissioning and Performance Officer at ELRCCG and Simon Pizzey, Head of Planning and Strategic Commissioning, ELRCCG to the meeting.

Arising from discussions the following points were noted:

- (i) The NHS Long Term Plan set out firm requirements for how the healthcare system should work and locally plans would have to be made and services would have to be commissioned to deliver those requirements. There was insufficient funding to implement everything the Long Term Plan aimed to achieve therefore decisions would have to be made locally on what would be prioritised and how it would be resourced. Work would be undertaken with Healthwatch to establish what patients' priorities were.
- (ii) Members were pleased that it was recognised by the NHS that Leicestershire County Council would be required to play an important role in the implementation of the Long Term Plan locally.
- (iii) Members were concerned that the Long Term Plan suggested that some services currently carried out by the Public Health department of the County Council could in future be run by the NHS. It was felt that Public Health in Leicestershire had a good track record with regard to performance.
- (iv) Reassurance was given that the Mental Health Investment Standards were within the financial plans submitted to NHS England.
- (v) Members welcomed the proposals regarding the introduction of Primary Care Networks (PCNs) and were pleased that the geographical area covered by PCNs would no longer be referred to as 'neighbourhoods' as it was felt that this terminology implied a much smaller area. Concerns were raised by members that the introduction of PCNs would exacerbate staffing shortage problems at GP practices. In response it was confirmed that the Community Service review was looking at staffing issues to support PCNs and it was planned to develop an integrated workforce.

## RESOLVED:

- (a) That the update on the key requirements of the NHS Long Term Plan be noted;
- (b) That officers be requested to produce reports for the Committee at an appropriate time on any specific aspects of the Long Term Plan being implemented in Leicestershire that may be of interest to the Committee.

68. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and NHS Midlands and Lancashire Commissioning Support Unit, which provided an update of performance to the end of February 2019. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

The Committee welcomed Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit, Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire CCG, and Paul Gibara, Chief Commissioning and Performance Officer at ELRCCG to the meeting for this item.

With regard to Delayed Transfers of Care it was confirmed that the plan to bring the Housing Enablement Team into the Integrated Discharge Teams had already been implemented.

## RESOLVED:

That the performance summary, issues identified and actions planned in response to improve performance be noted.

69. Date of next meeting.

## RESOLVED:

It was noted that the next meeting of the Committee would be held on 5 June 2019 at 2:00pm.

2.00 - 4.20 pm  
13 March 2019

CHAIRMAN