



Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee – 19th March 2019

Report on scrutiny work related to the Better Care Together Plan

1. Introduction

1.1. At the LLR Joint Health Scrutiny Committee Meeting in December 2016, the committee were informed that the Sustainability and Transformation Plan identified the following 5 key priorities for areas which it was considered required fundamental changes over the next 5 years to address the challenges set out above: -

- a) New models of care focused on prevention and moderating demand growth.
- b) Service configuration to ensure clinical and financial sustainability.
- c) Redesign pathways to deliver improved outcomes for patients and deliver core access and quality.
- d) Operation efficiencies.
- e) Getting the enablers right.

1.2. Following a discussion on the paper it was agreed that scrutiny from the three authorities would divide the different areas up to look at, but that it would not be exclusive to this. This was agreed as follows:

	Leicester City Council	Leicestershire County Council	Rutland County Council
New Models of Care	Primary Care	Integrated Teams	Community Rehabilitation
Service Reconfiguration	UHL Acute Hospital Sites	Community Hospitals (excluding Rutland Memorial)	Rutland Memorial Hospital
Other	Mental Health Services	STP Proposals of neighbouring CCGs outside the LLR area	STP Proposals of neighbouring CCGs outside the LLR area

1.3. This report updates on the work done to date at each authority and combined.

2. Leicester City Council

2.1.4 January 2017

The Commission looked at the ***Primary Care elements of the Sustainability and Transformation Plan*** which was published on 21st November 2016.

It was noted that:

- More care will be provided in community in next 2-5 years.
- GPs would work more in a team approach to expand services available to patients.
- GPs would be taking a more focused lead and approach on complex patient care.
- There would be more locality-based care rather than hospital-based care.
- There would be more hub-based patient care when GPs practices where not open.
- There would be more patient diagnostic services provided in the in community.
- There would be more demands upon social care services and carers and the primary care sector would need to be more involved in prevention measures.

RESOLVED:

That the CCG be asked to provide the overarching Equality Impact Assessment for the overall STP and that each individual Equality Impact Assessment be provided to the Commission as they are finalised.

2.2.2 March 2017

The Commission received an update on ***maternity services proposals in the STP***.

The commission from UHL on their intention within the STP to consolidate maternity care onto the Leicester Royal Infirmary site with the potential for a midwifery led birthing centre at the Leicester General Hospital, subject to formal public consultation.

RESOLVED:

That the proposals be noted but the Commission has some concerns about the planned building work and how this will be funded.

The Commission received an update on ***acute hospital site proposals in the STP.***

It was heard that the proposal to reduce the number of acute sites from three to two sites was dependent upon the proposals in the wider STP because the reconfiguration of the acute service provision could only happen if other reconfigurations in the STP were in place. Members commented that it was difficult to comment effectively on proposals that were dependent upon other elements of change and was reliant upon capital allocations that may or may not be available.

RESOLVED:

- a) That the report be received and the officers be thanked for their responses.
- b) That the Commission cannot offer its views on the proposals until it has heard the views of public, patient groups and other interested community organisations at the meeting on 29 March 2017.
- c) That the Commission consider that transitional funds should be made available to improve, enhance and expand existing community services so they are operating at the levels required to cope with the current demands before considering further re-configurations of acute hospital services.
- d) That the Commission receive a briefing paper on the PF2 initiative and implications for funding capital project by this method, once UHL have been informed of whether their capital bids to NHS England have been successful.
- e) That copies of the workforce and financial plans be submitted to the Commission.

2.3. 29 March 2017

The Commission received an update on how ***mental health would be catered for within the proposals in the STP.***

Members stated that the draft STP had little content on mental health mainly and it was difficult to understand the overall picture when the Dementia and CAMHS services were in different STP workstreams, as it was not easy to see how all the mental health services fitted together. There was also no reference to mental health services provided to the Criminal Justice Service, and there were significant mental health issues affecting inmates in prisons and detention centres.

RESOLVED:

That the officers be thanked for their presentation and for responding to Members' questions and the Commission would continue to consider and comment upon the proposals as the STP process progressed.

Scrutiny had an agenda item on ***views from public, patients' groups and other interested community organisations on the draft sustainability and transformation plan***, prior to public consultation.

The primary purpose of people presenting their submission was for the Commission to hear at first hand the views being expressed and there would be no opportunity for members of the Commission to ask questions on the presentations. Representatives of the CCG were present, but they would not be asked to respond to the submissions, but they would take note of the submissions for future reference.

RESOLVED:

That the members of the public and the representatives of community organisations be thanked for their submissions.

2.4. 23 August 2017

The commission received a report on the ***General Practice Forward View***.

Leicester City Clinical Commissioning Group submitted a report providing an update on the development and delivery of the Leicester City CCG Primary Care Strategy and how it linked with the General Practice Forward View delivery across the STP footprint of LLR.

RESOLVED:

That the report be received and that Members' comments be taken into consideration as part of the public engagement process.

2.5. 4 October 2017

The commission received an update on the ***Mental Health STP Workstream***.

Members had received information on the Five Year Forward View for Mental Health. This had been useful to improve Members' understanding of the issues involved and would be useful in considering mental health as part of the STP.

Members noted there were weaknesses with the FYFW and there were areas where the LPT were working to mitigate the risks associated with recruitment, staff training, parity of funding, increasing the understanding of mental health and dealing with increased demand and socio-economic pressures.

RESOLVED:

That a further report be submitted in 6 months' time focussing on the work to address issues such as 24/7 services in acute hospitals, improved services for prevention and children having access to mental health services, improved access to perinatal mental health services and better access to physical health support.

UHL provided an update on the current state of play since the move to the ***new Emergency Department***.

RESOLVED:

That a further update be submitted in the spring of 2018 following the full implementation of Phase 2 of the Emergency Floor.

2.6. 5 July 2018

UHL provided a report updating on ***Phase 2 of the new Emergency Department***.

It was reported that the new emergency floor had been designed to meet the needs of patients and the recent completion of the move of all five acute assessment units next to the emergency department had created the emergency floor. The commission heard the positive impact of the revised layout and the improved hospital environment and move away from single event emergency care. Greater collaboration and corporate working of staff, specialist nurses and physicians had resulted since the implementation of phase 2 of the works. It was recognised that the situation was evolving and difficulties in recruitment were reported and noted.

RESOLVED:

- a) Receive and note the update on phase 2 of the Emergency Department improvements;
- b) Request a review of signage, including internal signage, and external car parking and highway signage as part of the next phase of works;
- c) Support the need to provide bursaries for nurses and write to the Secretary of State for Health to emphasise this position;
- d) To enhance the advertisement of opportunities within the NHS, with a Task Group being established in due course to consider proposals to remove barriers and increase employment opportunities in the local NHS workforce;
- e) Note the data concerning patient flow;
- f) Request a review of the 20-minutes permitted waiting time outside the Emergency Department; and
- g) Arrange a Members' site visit to the Emergency Department.

2.7. 29 November 2018

UHL submitted a progress update on the ***Leicester, Leicestershire and Rutland Frailty programme***

It was heard that although there were successes in that people now had a longer life expectancy, those people were not necessarily living healthier lives in their later years. It was noted that during the winter months, approximately 80% of the beds within the UHL were occupied by patients over 70 years of age who were frail and had two or more long term health conditions (known as multi-morbidity).

RESOLVED:

That an update be brought back to the Commission after the winter period to see how the outcomes have progressed.

2.8. 15 January 2019

The Commission received an update on the ***General Practice Forward View in Leicester City***.

Members heard that one of the biggest challenges faced was the Primary Care workforce; the CCG were trying hard to resolve this and were having discussions as to what else they could do. It was noted that other levels of practitioners were being offered at GP surgeries; for example, people could see nurses or pharmacists but there were issues around managing patients' expectations.

RESOLVED:

That the report be noted.

3. **Leicestershire County Council**

3.1. 23 January 2017

The HOSC considered a report on the ***Better Care Together Information Management and Technology workstream*** which provided an update on development of the Summary Care Record and interoperability of Information Technology Systems.

It was noted that Patients had to opt in to the scheme in advance to enable their Summary Care Record to be shared and then further consent from the patient would be required at the time of treatment. This was due to Information Governance rules. Concerns were raised by Members that a patient might not be capable of giving consent at the time treatment was required.

RESOLVED:

That the work being undertaken with regard to the Summary Care Record and interoperability of Information Technology Systems be supported.

3.2. 1 March 2017

The HOSC considered a report on ***Leicestershire Better Care Fund Plan for 2017/18 – 2018/19.***

Members raised concerns regarding technical problems with the First Contact web-based referral form and reassurance was given that consideration would be given to how to resolve these problems.

RESOLVED:

That the contents of the report be noted

3.3. 19 June 2017

The HOSC considered a report on the ***Development of Integrated Locality Teams in Leicester, Leicestershire and Rutland***

It was noted that the structure of the Integrated Locality Teams was based on GP practice boundaries. It was queried whether this accurately reflected larger GP practices, particularly in the Market Harborough locality, which might have additional services in other localities. The Director undertook to give further consideration to delineation issues in Market Harborough in the light of this query.

RESOLVED:

That the update on the development of Integrated Locality Teams in Leicester, Leicestershire and Rutland be noted.

The HOSC received a ***Presentation from Better Care Together which provided an update on progress with the GP Five Year Forward View implementation.***

In response to questions from Members reassurance was given that there was no shortage of capital funding for GP practices however there was a shortage of revenue funding.

RESOLVED:

That the update on the implementation of the GP Five Year Forward View be noted.

The HOSC received a presentation from Better Care Together which provided an update on progress with ***implementation of the Sustainability and Transformation Plan*** (STP) for Leicester, Leicestershire and Rutland.

RESOLVED:

- (a) That the update on the Sustainability and Transformation Plan be noted.
- (b) That officers be requested to provide Members with a briefing on the refreshed Sustainability and Transformation Plan in due course.

3.4. 7 November 2018

The HOSC received an update regarding the **Hinckley and Bosworth Community Services review**.

Members welcomed the bid that had been submitted by WLCCG for funding from NHS England for capital investment in Hinckley and Bosworth.

Concerns were raised by Members that less people would be able to walk or use public transport to access services at the Sunnyside site due to it not being in the centre of the town and therefore car parking would become an issue.

Reassurance was given that there was good car parking availability at the Sunnyside site, and also once existing staff and services had moved out of the Mount Road site then car parking space at Mount Road which had previously been used for staff parking would be able to be used by patients.

A member raised concerns that there was no Urgent Care Centre in Hinckley and patients were expected to travel to Nuneaton for urgent care despite high levels of traffic between Hinckley and Nuneaton which caused delays.

It was moved by Mr Bill, seconded by Mr Barkley and carried that the Committee, recognising the seriousness of the situation, should write to NHS England and the Secretary of State for Health and Social Care in support of the bid for funding for capital investment to maintain services within Hinckley and Bosworth.

RESOLVED:

- (a) That the update regarding Hinckley and Bosworth Community Services, and in particular the proposals for Hinckley and District Hospital, be noted;
- (b) That the Committee write to NHS England and the Secretary of State for Health and Social Care in support of the bid for funding for capital investment to maintain services within Hinckley and Bosworth.

3.5. Future item - summer 2019

Public consultation for the Hinckley and Bosworth Community Health Service Review.

4. Rutland County Council

4.1. 5 April 2018

Scrutiny received a paper on ***STP: Leicester, Leicestershire and Rutland Dementia Strategy***

RESOLVED:

The panel NOTED the LLR Dementia Strategy 2018-2021

For the agenda item on ***Scrutiny Programme & Review of Forward Plan***, Mrs Stephenson noted that the panel had been expecting an update on the Sustainability and Transformation Plan from the CCG, but that this had been cancelled as the information was not yet ready for publication. Mrs Stephenson had received an email from the CCG outlining the situation which would be shared with Members, but would write to the CCG to express the concerns of the panel regarding the delay in the availability of any further information

4.2. 28 June 2018

Scrutiny received a paper on ***STP Update***

The purpose of the report was to provide an update on the STP for Leicester, Leicestershire and Rutland and the work being undertaken by partners to improve the health and wellbeing of people locally. The programme was known locally as Better Care Together (BCT).

RESOLVED:

The Panel **NOTED** the update and work of the Better Care Together partners.

The Panel **AGREED** that their Member, Mrs June Fox, would send the details of her resident's experience with the district nurse service directly to the Chief Operating Officer of ELR CCG for investigation.

The Panel **AGREED** that Healthwatch Rutland should assess residents' knowledge and usage of the 111 service by examining the data already collected, taking further information if needed, and reporting back to the Panel.

4.3. 7 February 2019

The Panel received a paper on ***Community Services Redesign***.

Purpose of the report: The Community Services redesign project (CSR) is a piece of work led by the three CCGs in LLR. The paper provides an overview of the CSR project. It summarises the service issues, case for change and project methodology. It also describes the work undertaken to date to review community services including the significant engagement to support development of

proposals for the future. The report also outlines the principles of the proposed community health services model which is emerging from the ongoing work.

The Panel noted;

- The new model would look to strike the right balance between the following three services; Community Nursing, Home First Services (including crisis response and community beds) and community beds.
- The review of current patient demand for the Rutland memorial hospital (RMH) did not warrant the opening of the moth balled ward although it needed to be reviewed whether over time this would change.
- Demand for RMH beds was not based on the growing Rutland population but instead looked at the clinical needs of patients and their preferences, with most people wanting to stay at home.

RESOLVED

The Panel **NOTED** the progress to date in redesigning community health services and the next stage of the work.

5. Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

5.1.4 September 2018

The committee received an update on ***plans to consolidate Level 3 Intensive Care***.

UHL explained that there were three Intensive Care Units in Leicester providing level 3 and level 2 services and the pressures were such that 2014 it was considered that it was no longer possible to sustain safe level 3 services at the LGH. The training status of the unit had been downgraded at LGH because it wasn't seeing the complexity of work going through and trainees could not get the training they required to become intensive care clinicians. Several consultants were due to retire and multiple efforts to recruit were unsuccessful because of the loss of training status and because it was a very poor environment to work in due to the facilities. There were also considerable problems in maintaining ICU nursing levels. These pressures meant that it was not safe to keep the services at LGH open long term. Numerous reviews had been carried out to say that the services were not sustainable.

RESOLVED:

- a) that the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee note the report and note that the University Hospitals Leicester had put forward a clinical case, but they are not in a position to make any suggestions as to whether or not the UHL should consult; and
- b) that the further meeting be reconvened to continue the debate.

The committee received a report on the ***Planned Care Policies***.

The report explains that the Planned Care Policies enable the Clinical Commissioning Groups to prioritise their resources using the best evidence about what is clinically effective and to provide the greatest proven health gain.

RESOLVED:

- a) that the committee have concerns about some of the wording in the Gynaecology Policy and seek assurances as to how that will be rectified;
- b) that the committee note that the Planned Care Policies document is complex with numerous different policies and express a hope that engagement can be broken down to make it more meaningful for service users. The committee however also recognise that there was a reason why it was considered easier to implement all the policies in one go;
- c) that the committee express concerns relating to the continuity of care and the application of policies across different postcodes;
- d) that the committee want to see a full Equality Impact Assessment to include impacts on mental health. The committee are of the view that a procedure might not be needed medically but any impact on a person's mental health should allow for some discretion in the way the policy is applied;
- e) that the CCG ensure that GPs and locums are fully trained and where treatments cannot be provided in the settings where they are, that primary care provide the treatment, particularly in relation to patients who require ear wax removal prior to having a hearing aid fitted; and
- f) that Members of the committee be given the opportunity to submit further questions with responses to be sent out and included in the minutes.

The committee received a report on ***Next steps to better care in Leicester, Leicestershire and Rutland***.

It was explained that BCT was a partnership that came together across all health care organisations. The Next Steps document set out the important things that had been done and would be done for local people. The Chair expressed a view that rather than looking at issues they would have little power to influence, it would be most useful for the committee to focus on what service improvements there would be for patients, and public engagement and consultation.

RESOLVED:

That Members be invited to submit further questions; these to be consolidated and emailed round before sending to officers for responses and for the Chair to agree a timeline for questions and responses.

5.2. 28 September 2018

The committee continued discussion on ***plans to consolidate Level 3 Intensive Care.***

The Head of Law from Leicester City Council was invited to clarify the position regarding consultation with scrutiny committees and the public. The Head of Law stated that the issue of public consultation was a matter for the CCGs and they had sought their own independent legal advice, so she could not comment on that. The CCGs however had a duty to consult with scrutiny and scrutiny's power lay in deciding whether adequate consultation had taken place with them.

The Chair stated that consultation with the public was therefore a different issue to consulting with scrutiny. The committee could decide whether the CCGs had discharged their duty to consult scrutiny, however the committee could only make recommendations for the CCGs to undertake public consultation.

RESOLVED:

- 1) This Committee recognises the strong argument in clinical case to consolidate level 3 Intensive Care Services at the Leicester Royal Infirmary and Glenfield Hospital, and understands the proposals to move the service.
- 2) The Committee also believes that the CCGs and UHL have now fulfilled their statutory duty to consult scrutiny via this Committee and it would therefore be inappropriate to refer to the Secretary of State on these grounds.
- 3) It is not for the Committee to comment on whether the CCGs and UHL have discharged their duty to consult the public. This may be a matter, that the Committee notes, could be tested by a Judicial Review against the CCG's decision.
- 4) There is deep regret that the CCGs and UHL did not listen to public calls for increased engagement/consultation after the business case had been passed by the Board in November 2017. The Committee believe it was an oversight not to go to public consultation whilst they were in the formative stage of their proposals.
- 5) This committee therefore requests the UHL Trust and CCG to:
 - a) Provide the Committee with a detailed project plan for the relocation of services.
 - b) Provide regular updates on the progress of works and any variations to the plans.
 - c) To meet with the Committee or its representatives if there are any concerns raised by them about the implementation of the proposals.

- d) Provide the Committee more detailed information around the sustainability of existing services at the Leicester General Hospital once the Level 3 services have been removed, and more detail around the escalation process.
- e) Immediately undertake public engagement on the major reconfiguration plans.
- f) Undertake as soon as possible formal public consultation on the major reconfiguration plans.

A further vote was then taken, and it was agreed that:

- g) Despite all the information provided to the committee by the CCGs and UHL, the committee are not convinced that any of the reasons given preclude their responsibility to carry out public consultation. As such, in the interests of openness and transparency, the committee recommend that the CCGs and UHL undertake public consultation before continuing with the proposals.

5.3. 21 January 2019

The Committee received a report updating on progress with ***proposals to appoint a joint accountable officer and management team across the three CCGs in LLR.***

RESOLVED:

- a) that the report be noted;
- b) that the Commission request more information on the Integrated Locality Teams; and
- c) that the Commission request information on the discussion relating to the merger model and on how the proposals to appoint a Joint Accountable Officer are progressing.

The Committee received a report on ***Better Care Together engagement and involvement.***

The report described the activities undertaken in October and November 2018 to engage with communities in Leicester, Leicestershire and Rutland and the ongoing activities to take place between January and March 2019.

RESOLVED:

- a) that the LLR Joint Scrutiny Committee note the report;

- b) that the Committee recommend that the CCGs and UHL take advice from the local authority communication teams as to which communities to reach out to and what worked best in respect of outreach;
- c) that the UHL and CCGs proactively bring issues to the attention of Scrutiny;
- d) that the Committee receive assurances as to what the formal consultation will look like;
- e) that the Committee receive a report on capacity planning as members seek assurance that the plans are fit for purpose; and
- f) that the Committee would like it to be demonstrated as to how the comments made by members of the public and Scrutiny are taken on board.

The Committee received a report on ***Better Care Together community health services redesign***.

Members heard that the Redesign project was led by the three Clinical Commissioning Groups in LLR which looked at the future model of community health. Members heard that the CCGs were about to commence engagement exercises and the Director said that she took on board the comments made by Members about the need to feed those comments into the process going forward.

RESOLVED:

- a) that the Committee note the report;
- b) that Committee note that better capacity planning is a key element of the redesign model and Members will be carrying out further scrutiny in respect of that;
- c) that the Committee ask the CCGs to be mindful of the need for proper engagement with the local authority executive teams and the scrutiny committees;
- d) that the Committee ask the CCGs to work closely with the local authorities;
- e) that the Committee request there is effective governance to ensure that the service meets the need and is delivered consistently, and for a report on this be brought back to a future meeting to reassure Members.