

Rutland County Council

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Record of a meeting of the **PEOPLE (ADULTS AND HEALTH) SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, at 7.00pm on **Thursday 2 May 2013**

PRESENT:	Mr J Dale – (Chairman, in the Chair) Mrs J K Figgis Mr R J Gale Mr D C Hollis (substitute for Mr W J Cross) Mr C A Parsons Mrs L I Stephenson Miss G Waller Mr M R Woodcock	
Also in Attendance:	Mr R Begy	Portfolio Holder for Museum & Development and Housing
	Mrs C Emmett	Portfolio Holder for Health and Social Care (for part of the meeting)
Non Panel Members Present:	Mr K A Bool Mr J R Munton	(for part of the meeting) (for part of the meeting)
	Mr D L Richardson Mr A S Walters	č ,
OFFICERS PRESENT:	Ms C Chambers Miss M Gamston	Strategic Director for People Democratic Services Officer
	Ms J Haigh	Senior Manager, Health, Wellbeing and Commissioning
APOLOGIES:	Mrs C J Cartwright and Mr W J Cross	

965. RECORD OF MEETING

The Record of the meeting of the People (Adults & Health) Scrutiny Panel held on 28 February 2013, copies of which had been previously circulated, was confirmed and signed by the Chairman.

966. DECLARATIONS OF INTEREST

In respect of agenda item 7, University Hospitals of Leicester:

Councillor Emmett declared on the ground of probity that she works in the National Health Service, Department of Health and University Hospitals of Leicester.

Councillor Begy declared on the ground of probity, as he is a Shadow Governor of the Leicestershire Partnership NHS Trust.

Councillor Woodcock declared on the ground of probity as his wife is employed by the University Hospitals of Leicester.

967. PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions had been received from Members of the public.

968. QUESTIONS WITH NOTICE FROM MEMBERS

No Questions with Notice had been received from Members.

969. NOTICES OF MOTION FROM MEMBERS

No Notices of Motion had been received from Members.

970. CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION IN RELATION TO CALL IN OF A DECISION

No matter was referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

971. UNIVERSITY HOSPITALS OF LEICESTER

A verbal update was received from John Adler, Chief Executive of University Hospitals Leicester NHS Trust (UHL) and Dr Kevin Harris, Medical Director.

A report from the University Hospitals of Leicester NHS Trust, University Hospitals of Leicester NHS Trust – Strategic Direction was distributed to Members.

The following points were highlighted:

- i) That the Trust was one of the largest in the country with 12,000 employees;
- ii) The Strategic Direction was developed during autumn 2012; it sets out the direction of travel and key themes for the hospitals for the next 5 years;
- iii) The strategic objective of safe, high quality, patient-centred healthcare represented the direction for the whole of the NHS post Francis Report;
- iv) Other strategic objectives were:
 - 1) Joined up emergency care top of the agenda. The NHS was struggling increasingly with emergency care.
 - The provider of choice planned elective care, around the Trust's borders patients had alternatives. Would like people to choose UHL.

- 3) Integrated care closer to home previously poor experience through interface. Were looking to streamline.
- Enhanced reputation in research, innovation and clinical education

 world-class research undertaken in areas such as cardiovascular and diabetes.
- 5) Professional, passionate and valued workforce in order to provide best care staff needed to feel valued.
- 6) Sustainable, high performing NHS Foundation Trust local accountability stronger than in NHS model. Government policy had changed to a "when time is right" policy. Aim was to become a Foundation Trust by April 2015, had previously been April 2014.
- v) Leicester Royal Infirmary is the main acute site with a large A & E, which is currently very busy;
- vi) Glenfield Hospital to continue to offer specialised care.
- vii) Leicester General Hospital to be an ambulatory site;
- viii) A state of the art day care centre is being built; the aim was to offer high quality planned care.
- ix) Accelerating the 'Emergency Floor' Department at the Royal;
- x) That UHL were recruiting staff, at a very high rate, particularly in acute medical wards;
- xi) That the standard of the quality of care needed to be monitored. One component of which was to look at the number of falls, bed sores developing, etc.;
- xii) In response to a question concerning budget, timescales and project plan for the moves Members were informed that infrastructure plans were in place with a budget being in place for this year;
- xiii) When questioned on the issue of integrated care closer to home and the work that would be undertaken with Rutland County Council this was recognised as an important issue for further development;
- xiv) Practicalities with regard to individual patients, for example, large print documentation and cancelled appointments were discussed;
- xv) The above point (xii)) was acknowledged, along with the issue of car parking;
- xvi) That the ultimate aim was for the hospitals to become smaller. Looking at a 'one-stop' approach consultation, diagnostics, consultation;
- xvii) During discussion, care of older people was raised as an issue for Rutland County Council;
- xviii) That actions had been developed with the East Midlands Ambulance Service to improve ambulance turn around times;

972. EAST MIDLANDS AMBULANCE SERVICE

Ms Karly Thompson, Divisional Director for the South area of East Midlands Ambulance Service (EMAS) gave her presentation, an update on "Being the Best" programme.

Key points highlighted were:

- i That between September and December 2012 there had been a period of consultation with staff and public. 3.5 million people had been engaged with; more than 1,000 detailed responses (questionnaires) and individual comments;
- ii East Midlands Ambulance Service Board final decision was taken on 25 March 2013. It is proposed to introduce 11 Ambulance Station Hubs, 17 Ambulance Stations and 108 Community Ambulance Stations. Oakham would have a Community Ambulance Station and the Service was currently looking at various options including property sharing with fire/police/Council or stay in the existing location;
- iii EMAS looking to realise an improvement in response times;
- iv A defibrillator programme was being developed futher;
- Performance statistics for Leicestershire PCT were 69.16% for response time target A8, to provide an emergency response to 75% of all patients with life threatening emergency conditions within 8 minutes of the call and 94.6% for target A19, to provide an ambulance to 95% of patients with the most life threatening conditions within 19 minutes of the call;
- vi EMAS had commissioned an external body to look at where stations/efficiencies needed to be;
- vii EMAS was committed to innovation, development and improvement, with the quality of service to patients being core to these objectives;
- viii Currently when a response is requested the Service deploy either a Paramedic or Emergency Care Practitioner. New service model would have Emergency Care Practitioners working directly with GPs, and then the decision would be taken whether to convey a patient to A&E;
- ix That Ambulance Support Vehicles were multi patient vehicles capable of carrying up to six walking patients at a time;
- x What next: management restructure underway; developing new service model; project plan for putting stations into other stations; community engagement; action plan for next 3-5 years.

Detailed discussion ensued and the following points and concerns were noted:

- i. Members requested data specific to Rutland;
- ii. The Portfolio Holder for Health and Social Care, Mrs Emmett, informed Ms Thompson that she had written to the Chief Executive stating the consultation period was not sufficient. A reply had not been received. Ms Thompson undertook to look into the matter;

- iii. More in depth Rutland data was sought on response times where the target time had not been met to allow judgement to be made. Ms Thompson agreed to come back to Members on the data requested;
- iv. Members were advised that target A8 was nationally commissioned across all authorities and had been achieve last year. Target A19 had been achieved in Leicestershire;
- v. That EMAS recognised that response times needed to improve;
- vi. In response to a 999 emergency call where an ambulance is required the despatch centre will identify the nearest available resource within timeframe, not county line;
- vii. That an ambulance station based in Oakham, would remain;
- viii. Ms Thompson was requested to present a further presentation in six months time. Members requested that the presentation would include detailed Rutland specific data to enable residents to make informed choices. Data for Northamptonshire and Lincolnshire was also requested given the proximity of their hospitals to Rutland.

Agreed:

That Ms Thompson, Divisional Director for the South area of East Midlands Ambulance Service would be invited to a future meeting of the People (Adults & Health) Scrutiny Panel to present a Rutland based presentation.

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8.52 pm Mrs Emmett, Mr Richardson, Mr Munton and Mr Bool left the meeting and did not return

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973. STRATEGIC RISK REGISTER

Report No. 105/2013 from the Strategic Director of Resources was received.

The purpose of the report was to update People (Adults and Health) Scrutiny Panel on the current status of the Risk Register.

The report was accepted without discussion.

Agreed:

That the contents of the risk register and the actions underway to address the risks be noted.

974. UPDATE ON PUBLIC HEALTH ISSUES

A verbal update was received from the Senior Manager, Health, Wellbeing and Commissioning, Mrs Haigh.

The following points were highlighted:

- i. That Public Health became part of the Local Authority on 1 April 2013;
- ii. This was a joint service with Leicestershire and that the transfer of key contracts was now completed;
- iii. Consideration was now being to how the future service would look in Rutland with an update paper to be presented to Cabinet in the near future;
- iv. That Mike Sandys was the Director of Public Health for Rutland. He would be attending quarterly Scrutiny Panels, Cabinet and Senior Management Team meetings;
- v. That the Health and Wellbeing Board should have become a committee in April. This would now become a committee in June. A paper was to go to Council in June; had been waiting for secondary legislation;
- vi. That HealthWatch, a patient representative group, had gone to tender. The contract had been awarded Voluntary Action LeicesterShire;
- vii. Integrated Care, work was being undertaken with the East Leicestershire and Rutland Clinical Commissioning Group. A model was being worked on in line with the Adult Social Care Reform agenda;

During discussion, the following points were noted:

- i. That Voluntary Action LeicesterShire be invited to a future meeting of the People (Adults and Health) Scrutiny Panel;
- ii. The official launch for HealthWatch was October 2014.

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9.00 pm Mr Parsons left the meeting and did not return

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975. ADULT SOCIAL CARE CONSULTATION

The consultation documents had been circulated with the agenda, to be noted by Scrutiny.

The Portfolio Holder for Museum & Development and Housing, Mr Begy, advised Members that at the end of week 3: 60 responses had been received, the help line had received many calls, poor attendance at consultation meetings. No major issues identified and no decisions had yet been taken. The consultation closes on June 22.

PROGRAMME OF MEETINGS AND TOPICS

976. REVIEW OF FORWARD PLAN

The following items were noted as being of interest for future meetings:

i. Adult Safeguarding/Adult Social Care Reform

- ii. Health and Wellbeing Board
- iii. Public Health
- iv. Housing (future agenda item)
- v. Private Rented Housing
- vi. Disability and Housing
- vii. Leicester Partnership Trust

977. REVIEW OF RISK REGISTER

This item was covered under agenda item no.8.

978. ANY OTHER URGENT BUSINESS

There was no other urgent business.

979. DATE AND PREVIEW OF NEXT MEETING

Thursday 11 July 2013 at 7.00pm in the Council Chamber.

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The Chairman declared the meeting closed at 9.07 pm.

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