Public Document Pack

Rutland County Council

Catmose Oakham Rutland LE15 6HP.
Telephone 01572 722577 Facsimile 01572 75307 DX28340 Oakham

Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 5th April, 2018 at 7.00 pm

Present:	Mrs L Stephenson (Chair)	Miss R Burkitt
	Mr G Conde	Mr W Cross
	Mrs J Fox	Miss G Waller

Officers present:	Mr M Andrews	Deputy Director for People
	Ms K Kibblewhite	Head of Commissioning
	Ms S Newton	Commissioning Officer
	Mrs K Sorsky	Service Manager
	Mrs N Taylor	Governance Manager

In attendance:	Mr A Walters	Portfolio Holder for Adult Social Care and Health
	Paul Traynor	Chief Financial Officer UHL
	Nicky Topham	Reconfiguration Programme Director UHL
	John Jameson	Deputy Medical Director UHL
	Rakesh Vaja	Head of Service Critical Care UHL
	Tammy Thurley	Community Support Services Team Manager
	Joanne Carter	MICARE Community Support Coordinator
	Carol Taggart	MICARE Community Support Coordinator
	Tracey Taylor	MICARE Community Support Coordinator
	Gaynor Poole	MICARE Community Support Coordinator
	Mrs J Musson	Service User
	Mrs A Moore	Admiral Nurse

718 APOLOGIES FOR ABSENCE

No apologies were received.

719 RECORD OF MEETING

The minutes of the meeting of the Adults and Health Scrutiny Panel held on 8 February 2018, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chairman.

720 DECLARATIONS OF INTEREST

No declarations of interest were received.

721 PETITIONS, DEPUTATIONS AND QUESTIONS

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

722 QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from Members.

723 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from Members.

724 CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

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

725 CONSOLIDATION OF INTENSIVE TREATMENT UNITS

A presentation (appended to the minutes) was received from University Hospitals Leicester. The presentation was provided by Paul Traynor – Chief Financial Officer; Nicky Topham – Reconfiguration Programme Director; John Jameson – Deputy Medical Director and Rakesh Vaja – Head of Service Critical Care.

The purpose of the presentation was to provide members with information and background regarding the plan for the relocation of Intensive Care capacity and associated specialties from the Leicester General site.

During discussion the following points were noted:

i. The current situation was not sustainable due to the lack of a suitably qualified clinicians to maintain safe Level 3 Intensive Care Unit (ICU) services across the three sites and the fact that the Leicester General did not treat a sufficient number of critically unwell patients to safely maintain Level 3 ICU services;
ii. The £31 million investment was designated to this project only and was not reliant on or connected with other proposals for sustainability through the Sustainability and Transformation Plan;
iii. It was confirmed that clinicians advised the project team, members were reassured that Doctors and Consultants working within the system were involved in developing proposals. The Chief Finance Officer was also important to maintain oversight of budgets and the capital programme;

iv. Members asked for reassurance that this would not lead to further reduction in services at the General, especially as many Rutland Residents already opted to go to Peterborough Hospital as it was easier to access. It was confirmed that this business case stood alone, but that there may be other projects and schemes to centralise services in order to ensure future sustainability; and
v. Leicester General was still a teaching hospital, but the full range of intensive care teaching could no longer be achieved at the General.

AGREED:

The Panel endorsed the plan to consolidate ICU at the Royal and Glenfield.

726 HOMECARE RECOMMISSIONING

A presentation (appended to the minutes) was received from Mr Mark Andrews, Deputy Director for People, the purpose of which was to brief Members on a holistic homecare model that was being trialled in Rutland.

The Chairman welcomed the following attendees to the meeting:

- Janet Musson – Service User
- Tammy Thurley - Community Support Services Team Manager
- Joanne Carter - MICARE Community Support Coordinator
- Carol Taggart - MICARE Community Support Worker
- Tracey Taylor - MICARE Community Support Worker
- Gaynor Poole - MICARE Community Support Worker
- Liz Perkins - MICARE Community Support Worker
- Tracey Gilbert – Community Support Services Manager

Ms Musson was invited to share her experience of the service with the Panel. Ms Musson noted the following:

- She had been receiving 30 hours of care on her return home from residential care. Ms Musson was discharged from hospital into residential care after a fall;
- The Support Workers had helped her to improve her mobility and confidence and her care package had reduced to 2 hours per week as a result; she has also had her driving license re-issued.
- The Support Workers had also helped her with moving house, and confidence to use the stairs so she could sleep upstairs again.

During discussion the following points were noted:

i. The model had been very successful for complex cases, but would need to be tested for low level care and may need adapting;
ii. Care was person centred and flexible, allowing the support worker to form a relationship and use their judgment, taking into account the feelings and preferences of the Service User. This takes a specific type of person and recruitment could be difficult;
iii. The deadline for recommissioning homecare had been pushed back to allow for further work and evidence to be developed;
iv. Support workers discussed the needs of the service user with them and designed a support plan around those needs. The service user was more important than timescales, so support workers could have a chat and a cup of

tea with the service user before assisting with tasks. They were able to spend less time on one visit if appropriate and more time on another to suit the service user;

v. Support Workers felt that they were able to get to know the service users and were trusted to work flexibly in the best interests of the service user, this led to a feeling of achievement when the outcomes were good and greater job satisfaction;
vi. Members observed that the staff were committed and engaged and that as the service was developed their input should be sought;
vii. Growing the service would be complex, particularly as it had been trialled in Oakham which brought economies in terms of travelling costs and time, but also in terms of changing the organisational culture to accept a different way of working;
viii. Members noted that the service must bring a great sense of relief not only to service users, but to their families who must be reassured by the focus on the emotional, physical and social well-being of their loved ones;
ix. The service was not more expensive than more traditional models, but the savings were not always directly attributable to the Local Authority; and
x. Members requested that the success of this model should be highlighted in local media.

AGREED:

The Panel **ENDORSED** the model and awaited further update on how the model might be adapted to roll out in other areas of the County.

The Chairman expressed the thanks of the panel to the service user and support workers in attendance at the meeting and the information they had provided.

727 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: LEICESTER, LEICESTERSHIRE AND RUTLAND DEMENTIA STRATEGY

Report No. 62/2018 from the Director for People was received.

Mr A Walters, Portfolio Holder for Adult Social Care and Health and Mr M Andrews, Deputy Director for People, introduced the report, the purpose of which was to seek comments from the Panel on the draft Leicester, Leicestershire and Rutland (LLR) Dementia Strategy.

Mr Walters highlighted section 2.4 of the report and the focus on the provision of the Admiral Nurse.

Mr Andrews introduced the Admiral Nurse, Angela Moore, to the Panel.

During discussion the following points were noted:

i. There were currently only 227 Admiral Nurses working in the UK compared to 1000's of MacMillan Nurses. Currently only two Local Authorities employed Admiral Nurses and Rutland was one of these;
ii. Admiral Nurses provide support and education to people with dementia and their families. This support continued from diagnosis to end of life;

iii. Mrs Moore confirmed that she had already started to make contacts with groups and organisations within Rutland and had been reassured by the willingness to work together for the benefit of Rutland residents suffering from dementia;
iv. The table on page 14 of the agenda pack illustrated that East Leics and Rutland had a lower diagnosis rate than Leicester City and West Leics, but a higher percentage of population of people aged over 65 living with dementia. If diagnosis rates were higher, this percentage figure would also increase;
v. Diagnosis was an issue in that there had been a period of where it was seen as unnecessary to diagnose people who were already living in care homes. People also found it difficult to admit that they had a problem until symptoms became more acute;
vi. Section 6 of the Strategy would be amended to reflect that there was not an Admiral Nurse in the period 2011 – 2014;
vii. Rutland residents have access to the Dementia Support Service;
viii. Should members have safeguarding concerns regarding residents that may be people with dementia they should contact the Duty Desk;
ix. Mrs Moore acknowledged the problems with early diagnosis and people accepting that they had a problem and highlighted how raising awareness, education and training were key in order for family, friends and health professionals to recognise symptoms early so that a person could be supported appropriately;
x. Rutland had already started work on implementing the strategy;
xi. The number of new retirement developments in Rutland was increasing as there was demand for this provision, additional numbers of older people in Rutland could lead to a greater demand on services. There were issues with classification of these developments which could result in limited Community Infrastructure Levy contributions, but there was the opportunity to negotiate with developers to secure facilities which would benefit people suffering from dementia and other conditions.

AGREED:

1) The panel provided comments and feedback on the Dementia Strategy as noted above;
2) The panel **NOTED** the LLR Dementia Strategy 2018-2021.

728 HEALTHY RUTLAND GRANT SCHEME

Report No. 65/2018 was received from the Director for People.

Ms K Kibblewhite, Head of Commissioning, introduced the report, the purpose of which was to outline proposals to bring together funding from Public Health Grant and Better Care Fund to establish a grant scheme to boost local community activity in relation to health and wellbeing.

During discussion the following points were noted:

i. Public Health Reserves had been inherited when the Public Health responsibility had transferred to the local authority from the (then) Primary Care Trusts. Public Health England had now indicated that unless funds could be spent this financial year in line with the health and wellbeing strategy then they would ask for reserves to be returned. Some of the reserves were already

being spent on Public Health activity, this proposal would reduce the reserves further;

ii. The preferred option was to devolve the scheme to the Rutland Access Partnership (RAP), however Members were concerned that RAP had not established links with Parish Councils as reported;
iii. There would be a separate award panel that would make the final decision on award of grants. This panel would be independent of RAP. This would be clarified in further reports;
iv. Option 2 had been discounted as very few Parish Councils had the power of competence to hold funds on behalf of another organisation;
v. The total fund for this scheme from the Better Care Fund Programme and Public Health reserves was approximately £100k;
vi. The Public Health Grant was unlikely to continue in the long term and any funds received are ring-fenced;
vii. Grants from this scheme would be used to encourage existing organisations to think differently and use their existing infrastructure to expand the ways in which they can work to benefit the community, or as a seeding grant for new schemes; and
viii. The panel requested more information on criteria, levels of award and the assessment panel.

AGREED:

1) The Panel **ENDORSED** the use of the Public Health Grant and Better Care Fund Programme funding to establish a Healthy Rutland Small Grants Scheme to improve the health and wellbeing within local communities as set out in Section 3 of Report 65/2018; and
2) The Panel **RECOMMENDED TO CABINET** the proposed option for managing the scheme, subject to a further report on criteria; levels of funding; and the composition of the assessment panel being presented to the Adults and Health Scrutiny Panel at a later date.

729 MENTAL HEALTH TASK AND FINISH GROUP UPDATE

Mrs Stephenson provided a verbal update on the Mental Health Task and Finish Group noting that the group were on target to achieve the deadlines set out in their terms of reference. The Group were due to meet with East Leicestershire, Leicester and Rutland Clinical Commissioning Board on Tuesday 10 April and had arranged for an afternoon of evidence sessions with key stakeholders on 1 May 2018.

730 QUARTER 3 PERFORMANCE MANAGEMENT REPORT 2017/18

Report No. 12/2018 was received from the Chief Executive, for information only.

The Panel **NOTED** the Report.

731 QUARTER 3 FINANCIAL MANAGEMENT REPORT 2017/18

Report No. 32/2018 was received from the Director for Resources, for information only.

The Panel **NOTED** the Report.

732 PROGRAMME OF MEETINGS AND TOPICS

733 SCRUTINY PROGRAMME 2017/18 & 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 was minded to write to the CCG to express the concerns of the panel regarding the delay in the availability of any further information.
- Miss Waller requested that East Midlands Ambulance Service be invited to an Adults and Health Scrutiny Panel meeting in the new Municipal year.

--o0o--

In accordance with Procedure Rule 229 of the Rutland County Council the Panel **AGREED** to extend the meeting by 15 minutes.

--o0o--

734 ANY OTHER URGENT BUSINESS

The Chairman had been advised of the following item of urgent business:

Mrs Burkitt requested clarification on the award of the Healthwatch contract.

Mr Walters, Portfolio Holder for Adult Social Care and Health, confirmed that the decision had been taken to recommission the service. The existing provider had not scored the most points in the procurement process and therefore had not won the contract.

Mr Andrews, Deputy Director for People, confirmed that there was some confusion as Healthwatch Rutland had been the name of the Community Interest Company providing Healthwatch as well as the name of the service. The new provider was also a Community Interest Company and the service, which was Healthwatch Rutland, would continue to be Rutland based.

Mrs Stephenson confirmed that once the new provider had time to establish itself, they would be invited to report to the Adults and Health Scrutiny Panel.

735 DATE AND PREVIEW OF NEXT MEETING

Thursday 26 April 2018 – Special meeting on Proposed Closure of Ketton Surgery.

---oOo---

Chairman closed the meeting at 9.31 pm.

---oOo---

This page is intentionally left blank

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

The relocation of Intensive Care capacity and associated specialties from the Leicester General site

Rutland Adult and Health Scrutiny Panel

Thursday 5th April

Paul Traynor – Chief Financial Officer
Nicky Topham – Reconfiguration Programme Director
John Jameson – Deputy Medical Director
Rakesh Vaja – Head of Service Critical Care

One team shared values

Background

The current configuration of ICUs / the whole Trust is an accident of history not an act of design

The need to consolidate ICU became urgent in 2014 – Business Cases were approved internally by the Trust in 2015, but were not progressed due to the national lack of capital for NHS developments.

The Trust was then successful in its bid for £30.8 million to consolidate ICU at the Royal and Glenfield in the 2017 Spring Budget.

The OBC was supported by the Trust and CCG Boards in November 2017 and is currently with NHSI for approval.

The FBC is due to be taken to Trust & CCG Boards in June 2018 for support.

Why is this important?

Historically 3 ICUs, one on each site - this triplication of services is unsustainable & inefficient; the biggest risk is the lack of a suitably qualified clinicians to maintain safe Level 3 ICU services across the three sites.

The Leicester General does not treat a sufficient number of critically unwell patients to safely maintain Level 3 ICU services.

Sticking plasters have been put in place to provide interim safe service provision – the service however remains clinically unsustainable in the longer term.

Factors requiring change

The opportunities for critical care staff to gain experience in providing care for the most ill patients was affected by a reduction in the number of level 3 patients cared for at the General.
Changes in in the way medical training for critical care staff is structured led to the removal of training status at the General
The retirement of experienced consultant grade staff
Recruitment to posts failed repeatedly largely due to the loss of training status and reduction in patient acuity.
A national shortage of experienced critical care nursing and medical staff compounding recruitment problems.

Summary: Qualified staff are in short supply nationally, the ones that are available can pick and choose and they choose the bigger centres with sicker patients and designated training. We need to compete.

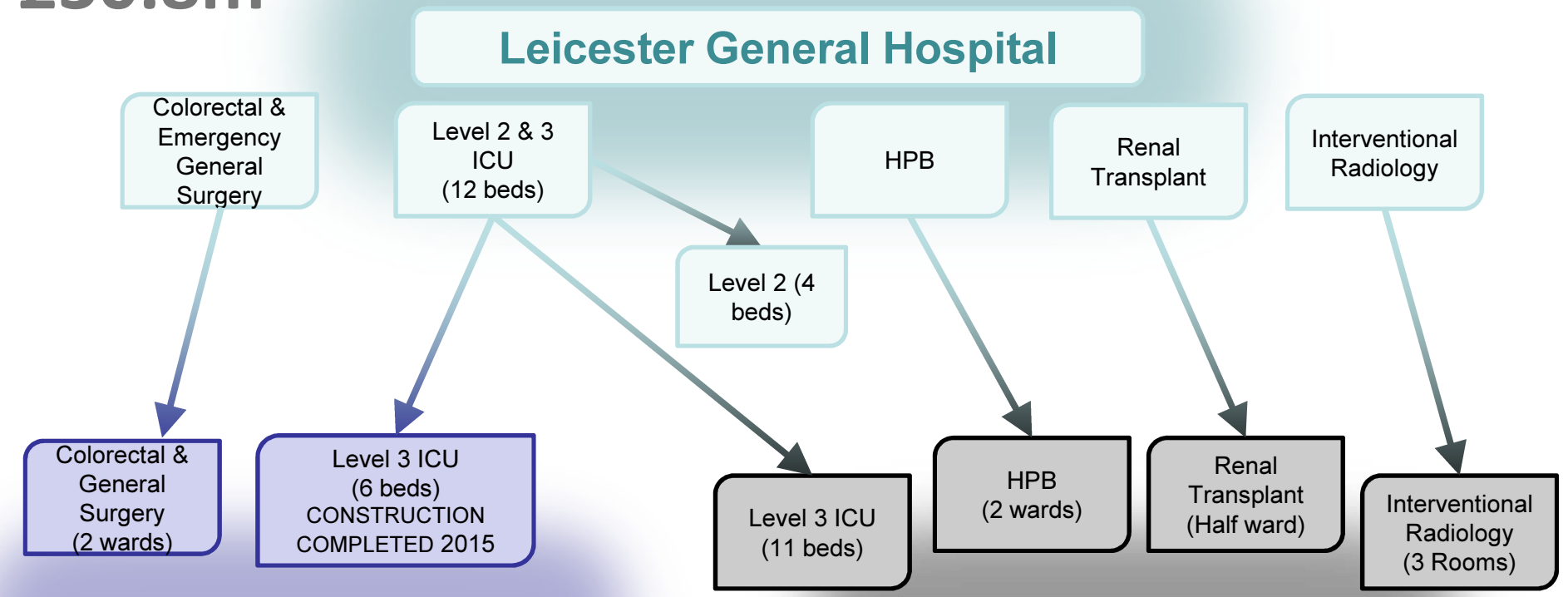
Engagement

In February and March 2015 the issue was shared with Leicester City and Leicestershire County Health Scrutiny Committees; both understood the clinical priority and supported the plan with the County waiving the option of public consultation and City noting that for safety and welfare reasons consultation was unwarranted.

A presentation was not made to the Rutland committee at this time and we are here to make amends.

As part of the national Outline Business Case approval process CCGs have reaffirmed support for these service changes.

The creation of 2 super ICUs: £30.8m



One team shared values

Summary

1. The current configuration of the hospitals / ITU is an accident of history, not a design.
2. Trying to run 3 ITUs for the size of population across Leicestershire and Rutland makes no sense and stretches clinical teams beyond what can reasonably be expected… not to mention the cost of triplication.
3. We have too little ICU capacity at Glenfield / Royal and too much at General, meaning we're cancelling sick patients for want of ICU beds
4. The clinical team have been brilliant and tolerant but getting by on goodwill alone is not sustainable
5. The £31m investment means we can finally fix this, consolidate clinical talent and resources and start to get the right clinical services next to one another.
6. We'd like your approval please.

One team shared values

Rutland County Council

Complex Care in Rutland – Holistic homecare

Rutland County Council

What is the holistic homecare support model?

- Small self-managing locality teams
- Tailored, flexible support to individuals
- Responsive and outcome focussed
- One provider, multiple services
- Based on Buurtzorg model

BUURTZORG

Rutland County Council

What does this mean for the service user?

- More natural experience for service users
- Supports the service user and their carer
- Provides consistency
- Reduces duplication
- Focuses on improving quality of life

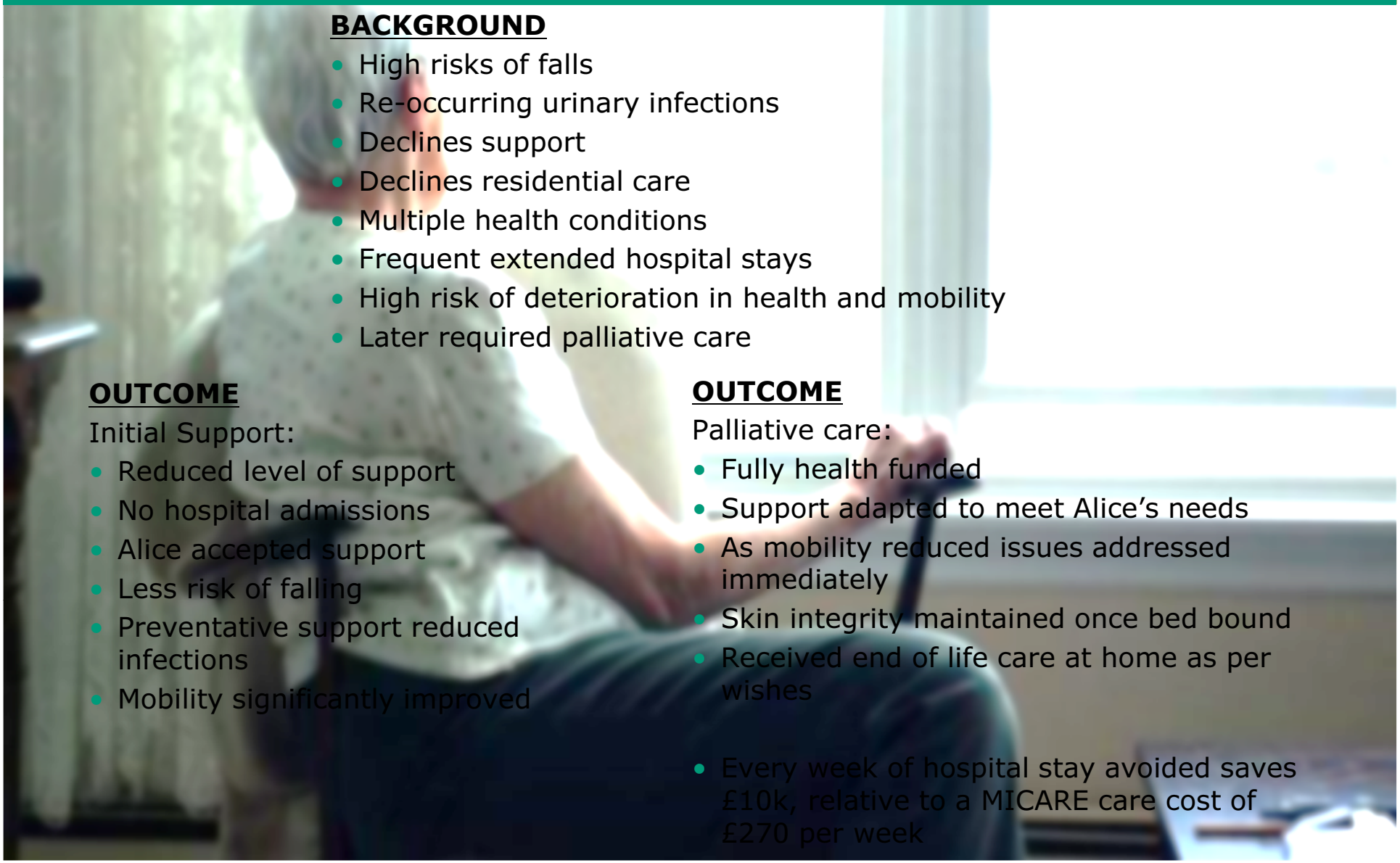
Rutland County Council

What are the benefits of this model?

- Personalisation
- Flexibility and adaptability
- Quality of care
- Cost savings
- Consistency
- Existing integration

- Duplication
- Need for acute services
- Admissions to hospital
- GP call out
- District nurse visits
- Travel time

Alice – urgent need



BACKGROUND

- High risks of falls
- Re-occurring urinary infections
- Declines support
- Declines residential care
- Multiple health conditions
- Frequent extended hospital stays
- High risk of deterioration in health and mobility
- Later required palliative care

OUTCOME

Initial Support:

- Reduced level of support
- No hospital admissions
- Alice accepted support
- Less risk of falling
- Preventative support reduced infections
- Mobility significantly improved

OUTCOME

Palliative care:

- Fully health funded
- Support adapted to meet Alice's needs
- As mobility reduced issues addressed immediately
- Skin integrity maintained once bed bound
- Received end of life care at home as per wishes

- Every week of hospital stay avoided saves £10k, relative to a MICARE care cost of £270 per week

Rutland County Council

Rob and Diane – end of life

BACKGROUND

- Rob has Alzheimer's, limited verbal communication,
- Rob has limited capacity to make decisions and recognise risk
- His wife, Diane, main carer, diagnosed with a terminal illness
- Diane previously refused support for her and husband
- Both Rob and Diane disengaged with services
- Rob unable to mobilise independently
- Issues with safety around manual handling

OUTCOME

- Rob and Diane remained at home throughout Diane's terminal illness
- Remained with a single set of carers who understood their care needs
- Diane accepted support for herself and Rob
- Engaged with Health Professionals
- Rob built a positive relationship with care staff
- Rob's mobility improved
- Support adapted to meet both Rob and Diane's needs
- Diane was able to prepare for her husband's future support once she has passed