

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

PRESENT

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

Mr. T. Barkley CC
Mr. D. C. Bill MBE CC
Mrs. A. J. Hack CC
Dr. S. Hill CC

Mr. J. Morgan CC
Mr T. Parton CC
Mrs B. Seaton CC
Mrs. M. Wright CC

In attendance

Mr. L. Breckon CC, Cabinet Lead Member for Health and Wellbeing.
Micheal Smith, Manager, Healthwatch Leicester and Leicestershire.
Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (minute 34 refers).
Spencer Gay, Chief Finance Officer and Interim Deputy MD, West Leicestershire Clinical Commissioning Group (minute 36 refers).

27. Minutes.

The minutes of the meeting held on 11 September 2019 were taken as read, confirmed and signed.

28. Question Time.

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

29. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

30. Urgent items.

There were no urgent items for consideration.

31. 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.

32. Declarations of the Party Whip.

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

33. Presentation of Petitions.

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

34. Primary Care Strategy 2019-2034 and the development of Primary Care Networks in Leicestershire.

The Committee considered a report of East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) which presented the Primary Care Strategy 2019-2034 and provided an update on the progress of Primary Care Networks (PCNs) in Leicestershire. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Tim Sacks, Chief Operating Officer, ELRCCG to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The Primary Care Strategy was a high level document which set out the basic aims for primary care and key areas to focus on. It was not intended to be a public facing document. Leaflets had been produced for the public regarding PCNs however each Network was expected to link in with its own stakeholders and patients to explain how the new structures would impact on them. It was expected that changes would be incremental over the five year period. Members asked for reassurance that the changes would be explained to the public including how they would affect patients' ability to access a GP. The guidance did not set out explicit requirements for access; it only required that the reasonable needs of patients were met.
- (ii) Not all PCNs were contiguous with county boundaries; this was allowed under the guidance. Many patients crossed the county boundary to receive medical treatment.
- (iii) In response to concerns about recruitment and retention of staff it was acknowledged that the decrease in the number of available GP sessions was an issue and explained that it was primarily due to GPs working less hours rather than actual GP numbers decreasing. Work was being undertaken to promote Leicester, Leicestershire and Rutland as a good place to live and work in the NHS. An international recruitment campaign had taken place which resulted in 16 new GPs for Leicestershire and a further 16 were to be recruited in 2020. If it could be demonstrated that Primary Care Networks in LLR were well supported and cover was available when staff sickness occurred, this would help recruitment and retention. A training and development programme for pharmacists was also in place across primary care, community health services and acute health services. The role of pharmacists was seen as a real opportunity as their new contract would include treating minor ailments. Practices would be able to book patients into the pharmacy and vice versa.

- (iv) A detailed review of estates was taking place which would look at what facilities were available, where the gaps were and what opportunities there were for making better use of buildings. Consideration would also be given to what funding was available due to developer contributions under Section 106 of the Town and Country Planning Act 1990. It was expected that the results of this review would be made public in January 2020.
- (v) Given the large amount of changes that were taking place in primary care, and the different workstreams, consideration needed to be given to how future developments would be scrutinised publicly and who would be the most appropriate officer to be held to account for each component. A new structure was being implemented across all three LLR CCGs and officers would be given broader roles with oversight across the system though this may result in some officers being less cognisant of the details of individual work areas.

RESOLVED:

- (a) That the Primary Care Strategy 2019-2034 and the update on the development of Primary Care Networks in Leicestershire be noted.
- (b) That officers be requested to give consideration to how the Committee can scrutinise progress against the five key system challenges as set out in section 4.1 of the Primary Care Strategy.
- (c) That officers be requested to produce a report on the Primary Care Estates Strategy for a future meeting of the Committee.

35. Healthwatch NHS Long Term Plan Engagement Report.

The Committee considered a report of Healthwatch Leicestershire which presented the findings of a cross county engagement programme, which was commissioned by NHS England in the context of the NHS Long Term Plan. 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 the meeting for this and other items.

Arising from discussions the following points were noted:

- (i) The engagement programme covered both those patients with long term medical conditions and those with no pre-existing conditions. Members raised concerns regarding the small sample sizes for each category and consequently the value of the statistical analysis which had been carried out on that data. It was questioned whether the focus of the report had been too broad and therefore did not provide meaningful information and data on any particular area. In response it was clarified that the report was not intended to be a comprehensive study but only gave a flavour of the views of patients. Had more funding been available then a more detailed piece of work could have been carried out. Concerns regarding the statistical analysis would be passed onto the Head of Research at Engaging Communities Staffordshire who had carried out the analysis. Healthwatch had wanted to make sure participants understood the purpose and background to the programme so Healthwatch representatives had attended community groups across LLR and conducted the surveys in person.

- (ii) In response to a query as to why the data in the report was not broken down into the gender of the participants it was explained that no statistically significant differences were found with regard to gender therefore that information was not included in the report. Had there been any significant differences according to gender this would have been highlighted in the report and reassurance was given that future reports would explain whether there were statistical differences with regard to gender or not. It was emphasised that care needed to be taken that the report was concise and therefore not every relevant detail could be included.
- (iii) The findings of the engagement programme were shared with Senior Responsible Officers across the workstreams of the Better Care Together programme to ensure the feedback was acted upon. When Healthwatch engaged with patients they made it clear that their role was to capture and represent patient experience not come up with solutions and whilst they may not be in a position to resolve issues they could pass the information onto those organisations that could.
- (iv) The ratings for experiences of the time waiting for an assessment and diagnosis were more noticeably negative amongst those in Leicestershire compared with Leicester City and Rutland. This question related to the perception of patients rather than the reality of waiting times and it could just be the case that Leicestershire residents had higher expectations.

RESOLVED:

- (a) That the contents of the Healthwatch NHS Long Term Plan Engagement report be noted;
- (b) That the Committee's concerns regarding the methodology of the research and the sample size of the people engaged with, be noted.

36. Hinckley Community Health Services Review.

The Committee considered a report of West Leicestershire Clinical Commissioning Group (WLCCG) which provided an update regarding the Hinckley Community Health Services review and asked the Committee's view on the proposed reinstatement and relocation of the x-ray ahead of formal public consultation on the remaining services at Hinckley and District Hospital. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Spencer Gay, Chief Finance Officer and Interim Deputy MD, WLCCG to the meeting for this item.

The Chairman reported that a local member Mrs. J. Richards CC was in support of the proposal to reinstate the x-ray machine into the new location at Hinckley Health Centre and asked for it to be installed as soon as possible.

Arising from discussions the following points were noted:

- (i) Since the x-ray equipment in Hinckley become un-operational patients had been given a choice to go to either Coalville or Glenfield to have the procedure. However, some patients did not wish to travel that far and therefore chose not to have an x-ray, which was of great concern.

- (ii) Hinckley and Bosworth Borough Council had made an offer to WLCCG to provide them with a loan for the finance for the x-ray machine however WLCCG had been unable to accept this offer due to the financial restrictions that applied to the CCG. Instead the funding had been obtained from University Hospitals of Leicester's Capital Expenditure Programme. Leicestershire was unique in that the CCGs owned the capital assets such as the x-ray equipment, which caused problems when the equipment required replacing because CCGs did not have easy access to capital funding. There was a risk that other equipment could reach the end of its natural life and require replacing and the CCGs were preparing for this. To resolve the problem of capital funding for equipment, work was underway to transfer the capital assets currently held by CCGs to University Hospitals of Leicester NHS Trust.
- (iii) The Committee noted the CCGs intention not to undertake public consultation on the proposal to install the new x-ray equipment in Hinckley Health Centre. Whilst the proposal was in line with the broader proposals for Hinckley Community Health Services, the CCG did not consider that the outcome of the public consultation on the remaining services at Hinckley and District Hospital had been predetermined.
- (iv) The business case for Hinckley Community Health Services would consider whether changes needed to be made to the availability of public transport to the health services in Hinckley, though ultimately public transport was not the responsibility of the CCG.

RESOLVED:

- (a) That the update regarding the Hinckley Community Health Services Review be noted;
- (b) That the proposal to install the new x-ray equipment directly into Hinckley Health Centre be welcomed.

37. Director of Public Health Annual Report.

The Committee considered the Annual Report of the Director of Public Health for 2019. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee thanked the Director of Public Health for a good report which was easy to read, visually attractive and clearly set out the actions that needed to be taken to improve the health of the population of Leicestershire.

Arising from discussions the following points were noted:

- (i) A member emphasised that walking was an effective way of keeping fit and easier on the body than other types of exercise such as running and therefore the images in the report should promote walking as well. Consideration also needed to be given to the images used in the report with regard to ensuring they did not perpetuate gender stereotypes.
- (ii) With regards to the statistics in the diagram at section 4 of the report it was clarified that 16% of girls aged 5-15 achieved the recommended levels of physical activity

but when the data was narrowed down to girls aged 13-15 only 8% of those met the recommended levels of physical activity.

- (iii) The Active Families scheme helped low-income families get active with their children. In response to a member's concerns that more needed to be done to make it safer for children to walk to school, the Director of Public Health informed members of the Active Travel Campaign which aimed to increase the number of children travelling to school by walking and cycling. Work was also taking place to provide more cycle lanes in Leicestershire and make junction design more accessible to pedestrians and cyclists. The Lubbenham and Lutterworth housing developments presented an opportunity to incorporate features into the design of the developments which promoted healthy lifestyles.
- (iv) The Public Health department also led on initiatives to improve the diet of Leicestershire residents including the weight management service, the Food for Life programme, and sessions in schools as part of the Healthy Schools programme. First Contact Plus were also able to give advice on diet. The Leicestershire County Council Cabinet approved the Good Food Leicestershire Charter at its meeting on 18 December 2018. Leicestershire was the only county to be part of the Sustainable Food Cities Network which helped people and places share challenges, explore practical solutions and develop best practice on key food issues.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 22 November 2019.

38. Air Quality and Health.

The Committee received a presentation from the Director of Public Health regarding the relationship between air quality and health in Leicestershire. A copy of the presentation slides, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The County Council would be producing a plan for how partners could work together to tackle health problems relating to air quality and it was expected that this would be considered by Cabinet in early 2020.
- (ii) The best solution to tackle the problem of air quality would be to reduce the amount of carbon being emitted into the atmosphere overall, but carbon offsetting was the next best option.
- (iii) As a major employer in Leicestershire the County Council took measures to improve the impact its staff had on air quality such as making available the use of an electric pool car, and setting up a park and walk system from a nearby supermarket carpark. As part of the Planning and Development Control process the Council promoted active design in order to improve health and physical activity in communities such as incorporating cycle paths and dedicated footpaths away from roads and vehicles.

- (iv) Members were interested to see further detail on the air quality for specific districts and it was agreed that a link to the website of the Department for Environment Food & Rural Affairs would be circulated to members after the meeting as it contained interactive maps which provided the information. Data was also available at district level showing the link between mortality rates and air quality.

RESOLVED:

That the contents of the presentation on Air Quality and Health be noted.

39. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 15 January 2020 at 2:00pm.

2.00 - 4.45 pm
13 November 2019

CHAIRMAN