

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 1 September 2021.

PRESENT

Mr. P. King CC (in the Chair)

Mr. S. L. Bray CC

Mr. N. Chapman CC

Mrs. H. J. Fryer CC

Mr. K. Ghattoraya CC

Mrs. A. J. Hack CC

Mr. R. Hills CC

Mr. C. A. Smith CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health.

Mrs. H. J. Fryer CC – Chair of Children and Families Overview and Scrutiny Committee (minute 24 refers).

Mrs. M.E. Newton CC – Labour Group spokesperson on Children and Families Overview and Scrutiny Committee (minute 24 refers).

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 21, 22 and 25 refer)

Sarah Prema, Director of Strategy and Planning, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 21 and 22 refer)

Mukesh Barot, Chief Officer, Healthwatch Leicester and Leicestershire (minute 23 refers)

David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (minute 23 refers).

14. Minutes of the previous meeting.

The minutes of the meeting held on 2 June 2021 were taken as read, confirmed and signed.

15. Question Time.

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

16. Questions asked by members.

The Chief Executive reported that three questions had been received under Standing Order 7(3) and 7(5).

1. Question by Mrs. Rosita Page CC:

My question relates to the Building Better Hospitals proposals and the £450 million reconfiguration plans. It has come to my attention that University Hospitals of Leicester NHS Trust and Leicester, Leicestershire and Rutland Clinical Commissioning Groups have been requested by the National Hospital Building Programme Team (NHSE) to re-

submit the proposals and include an option costing no more than £400 million. Is this correct and if so what are the next steps for the reconfiguration programme? Will a further public consultation be required to take place? What are the implications, if any, for Community Services redesign?

Reply by the Chairman:

I have forwarded your question to University Hospitals of Leicester NHS Trust and they have provided me with the following answer:

“As one of the 8 national New Hospital Programme, (NHP), ‘Pathfinder’ schemes, we have been asked by the NHP team to look at a range of approaches to how we go about building new hospitals in Leicester.

There are three scenarios we have been asked to consider:

1. An option that fits the Trust’s initial capital allocation of £450m in 2019;
2. The Trust’s preferred option;
3. A phased approach to delivery of the preferred option.

The Leicester scheme has remained almost exactly as described three years ago at the time of the initial capital allocation, however some of the parameters we are expected to meet when we build the new hospitals have changed significantly; for example the percentage of single rooms versus open wards, the amount of money expected to be set aside for contingency and the requirement to make the buildings ‘net zero carbon’. We have therefore submitted indicative plans which illustrate what can be achieved within the original allocation, our preferred option and a phased approach which would deliver the preferred option albeit over a longer time scale.

We recognise that it is a necessary part of the process for colleagues in the NHP to challenge each of the Pathfinder schemes on both deliverability and value for money.”

Separately, as you will know we have arranged, at Cllr Kitterick’s request, an informal briefing of JHOSC Chair and Vice Chairs (Leics County and Rutland), on this same subject, which is due to take place on the 6th of September.”

2. Question by Mrs. Rosita Page CC:

Please could you tell me what arrangements are in place for liaison between the Clinical Commissioning Groups and Harborough District Council and Leicestershire County Council regarding the health needs of the Lutterworth area. In particular could you clarify the role and remit of the ‘Lutterworth Locality Group’ and other similar groups in Leicestershire and provide Terms of Reference for those groups if applicable? Have representatives from Harborough District Council or Leicestershire County Council been invited to attend meetings of the Lutterworth Locality Group?

Reply by the Chairman:

I have forwarded your question to the Clinical Commissioning Groups and they have provided me with the following answer:

“The LLR CCGs are working with local partners and communities to develop a plan for Lutterworth to assess and improve the health needs of people in and around Lutterworth now and in the future. The overarching aim of the plan is to respond to the significant housing growth expected in the area over the coming years and ensure that solutions are

identified to support the impact upon Primary and Community-based health services. The development of the plan is being co-ordinated by a Lutterworth Plan Steering Group comprising of NHS organisations, the district, county and town councils, local GPs Practices, members of the local community and other stakeholders.

In addition, LLR CCGs are also working closely with colleagues at Leicestershire County Council upon the Joint Health and Wellbeing Strategy which will cover all of Leicestershire including the Lutterworth area, identifying high level priorities to address and improve the health outcomes for the population.

Please see attached the agreed terms of reference for the Lutterworth Plan Steering group, which details the context, responsibilities, and membership of the group.

In addition to the Terms of Reference, we have attached a document which provides details of the current membership of the Lutterworth Plan steering group including the themes/areas of work that will be included.

We are currently in discussion with Harborough District Council, who are in the process of identifying which elected member(s) will be joining the group. It has been suggested that we could also invite elected members from Leicestershire County Council, but these discussions have not yet taken place.”

3. Question by Mrs. A. J. Hack CC

In Braunstone Division, we currently have 2 GP practices that serve the population, Kingsway and Forest House Medical, they are both part of the North Blaby Primary Care Network (PCN). Forest House Medical Practice, operates across 2 sites, one in Braunstone Town and one in Leicester Forest East. There is currently a proposal out for consultation for Forest House Medical Practice to close the services it operates on Park Drive and replace this with a service in Lubbethorpe, which is causing concern for the many patients that are registered with the practice, many of whom live close to the Park Drive site.

1. As we now have PCN's in place, its concerning that the consultation to close a facility is still localised to be managed by a single GP site. What strategic evaluation has been completed by the CCG and PCN about the patients, where they live and whether they can manage to access services at Warren Lane and the new proposed Lubbethorpe site? What role has the PCN undertaken in the consultation?
2. The population of Braunstone Town as an existing community currently utilising services are now facing a service re-location much further away, so a new service can be built in Lubbethorpe. These services are being built to service 'growth' at a detriment to patients in Braunstone Town. What consideration has been given to the older population that live in my division, what they need now and in the future and what impact this change will have on them?
3. At the moment North Blaby PCN consists of 5 practices, what allowances have been given to accommodation patients who might wish to transfer to Kingsway in light of this change?

Reply by the Chairman:

The Chairman stated that a response had been sought from the Clinical Commissioning Groups but it had not yet been received in time for the meeting. A written response would be provided to Mrs. Hack CC after the meeting.

17. Urgent items.

There were no urgent items for consideration.

18. 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 with regards to the substantive agenda items, however the Chairman Mr. P. King CC made a declaration with regards to Agenda item 3 and in particular Question no. 2 submitted by Mrs. Rosita Page CC as in his role as Leader of Harborough District Council he would be making appointments to the Lutterworth Plan Steering Group.

19. Declarations of the Party Whip.

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

20. Presentation of Petitions.

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

21. Overview of Integrated Care Systems.

The Committee considered a report and presentation of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an overview of the LLR Integrated Care System. Copies of the report and presentation slides, marked 'Agenda Item 8', are filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs and Sarah Prema, Director of Strategy and Planning, LLR CCGs.

Arising from discussions the following points were noted:

- (i) National guidance indicated that there should be at least one local authority on Integrated Care Boards. Membership of the Leicester, Leicestershire and Rutland Integrated Care Board had not yet been agreed but it was intended that it would have representation from more than one local authority.
- (ii) Health and Wellbeing Boards and health scrutiny committees were required by statute and they would remain in place once the Integrated Care Systems were in

operation. The role of Health and Wellbeing Boards would be strengthened particularly with regards to driving greater integration at Place level. The Integrated Care System work built on the partnership and collaboration work which was already ongoing.

- (iii) The Primary Care Networks were still developing and evolving particularly with regards to the geographical footprint they covered. Currently they did not perfectly fit with social care services but work was ongoing to improve this. It was unlikely that the same structure and arrangements for Primary Care Networks would be in place across the whole of Leicestershire; structures would be flexible and be modified across the County to best suit local situations. Whilst the Integrated Care Board provided central accountability for the Integrated Care System the aim was actually to decentralise decision making and provide more local accountability.
- (iv) Engagement from the NHS with County and District Councillors was important and reassurance was given that this would continue to be strengthened whilst the Integrated Care System was in place.
- (v) Members raised concerns about the configuration of the neighbourhoods, how they crossed the boundaries of District Councils and whether this structure enabled the best partnership working with District Councils to take place. In response reassurance was given that whilst the structure charts of the Integrated Care System were set out in a certain way, there would be a great deal of flexibility and fluidity and the priority was effective partnership working with all levels of local government.

RESOLVED:

- (a) That the overview of the Leicester, Leicestershire and Rutland Integrated Care System be noted.
- (b) That officers be requested to provide a further update on Integrated Care Systems at a future meeting.

22. Place Led Plans

The Committee considered a report and presentation of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an update on the development of Place Led Plans. Copies of the report and presentation slides, marked 'Agenda Item 9', are filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs and Sarah Prema, Director of Strategy and Planning, LLR CCGs.

Arising from discussions the following points were noted:

- (i) There was a requirement in the Integrated Care System (ICS) guidance that place based groups develop an integration plan, and the Joint Health and Wellbeing Strategy would constitute this plan locally.

- (ii) Consideration was being given to how the Health and Wellbeing Board operated and how the sub structures of the Board needed to be refreshed.
- (iii) The direction of travel with regards to community hospitals had changed and the design work was now being built around the place based plans. Work had started on the areas with the most pressing need i.e those areas with planned housing growth. However, it was noted that not all areas of Leicestershire had housing growth planned and existing communities still needed to be given consideration with regards to the plans for community services. In response to members concerns it was agreed that further consideration would be given to the criteria for which areas were prioritised. Members suggested that the community services work should follow the work carried out by District Councils on local plans though it was acknowledged that there may not be the capacity within the NHS to keep up with the development of local plans.
- (iv) With regards to primary care it was not always possible to differentiate between the place and neighbourhood level. Often systems were more complicated and overlapping. The 3 levels of place, system and neighbourhood needed to work together.

RESOLVED:

That the update on Place Led Plans be noted.

23. Healthwatch Report - Accessing Mental Health Services during Crisis.

The Committee considered a report of Healthwatch Leicester and Leicestershire regarding a survey they had carried out in relation to the patient experience of Accessing Mental Health Services during Crisis. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Chief Officer, Healthwatch Leicester and Leicestershire and David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (LPT).

Arising from discussions the following points were noted:

- (i) The survey referred to in the Accessing Mental Health Services during Crisis report was a 'snapshot' study of service users rather than a detailed piece of work. In response to concerns raised by members regarding the small amount of people engaged with as part of the survey it was explained that the survey had been conducted in 2020 during a transitional period for Healthwatch Leicestershire particularly in relation to staffing which, along with the Covid-19 pandemic, had meant that not as many people had been engaged with as was desired. Reassurance was given that in 2021 response rates to Healthwatch Leicester and Leicestershire surveys had doubled and the surveys had improved both quantitatively and qualitatively. Work was also ongoing to engage with those hard to reach communities and more diverse groups of people.
- (ii) Separately to the Healthwatch work, the NHS carried out a friends and family survey which had found that over the last quarter 83% of those that completed the survey were satisfied with the services provided by LPT.

- (iii) A new and expanded Improving Access To Psychological Therapies (IAPT) service would come into place from April 2022.
- (iv) The Central Access Point was a new initiative therefore LPT were not surprised that at the time of the survey being carried out awareness of the service amongst the public was not at a high level. However, an extensive communications campaign had been conducted to publicise the service and there were now between 4000 and 6000 calls a month received by the Central Access Point. It was not possible to assess whether the Covid-19 pandemic had increased the amount of calls received by the Central Access Point as the service had not been in place prior to the pandemic.
- (v) LPT was also reviewing its Rapid Response service and ensuring there were mental health practitioners in the Leicester Royal Infirmary Emergency Department to deal with those in crisis. However, as it was believed that Emergency Departments were not the best places for those with mental health needs LPT had invested in mental health urgent care hubs.

RESOLVED:

That the contents of the Healthwatch report 'Accessing Mental Health Services during Crisis' be noted, and the actions being taken by Leicestershire Partnership NHS Trust in response to the report be welcomed.

24. Recommissioning the 0-19 Healthy Child Programme.

The Committee considered a report of the Director of Public Health which presented the proposed model for the procurement and delivery of a 0-19 Healthy Child Programme and provided an update on the consultation feedback which had been received so far. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Mrs. H. Fryer CC and Mrs. M. E. Newton CC who were members of the Children and Families Overview and Scrutiny Committee.

Arising from discussions the following points were noted

- (i) The 0-19 Healthy Child Programme was a universal service and therefore open to anyone, however targeted work did take place and it was intended to particularly target those people dealt with by the Children and Family Wellbeing Service as these people were especially vulnerable.
- (ii) The model focused on six high impact areas for school children and one of those areas was resilience and wellbeing. Reassurance was given that conversations were being held with headteachers of schools and academies in Leicestershire regarding what support could be offered in relation to mental health and wellbeing. Headteachers had particularly identified that body image and self-esteem were areas of concern for school children. The Covid-19 pandemic would also have had an impact on children's mental health and wellbeing and preparations needed to be made for an increased demand as a result of this, though it was important not to duplicate initiatives that were already in place.

- (iii) In response to concerns raised by a member, particularly in relation to health visitors, reassurance was given that there was a high level of confidence that data protection laws were adhered to.
- (iv) Local Authorities were required to carry out five universal health checks for families during the early stages of a child's development and although some of these checks had been paused during the Covid-19 pandemic, most checks had now recommenced in some form. The antenatal check now took place in the form of a letter sent to all pregnant mothers. The 12-month checks were taking place in some areas of Leicestershire but not all as they were required to be conducted face to face. A member raised concerns regarding the length of time between each check and suggested that social services should be more involved early on. In response the Director of Public Health explained that in addition to the five universal health checks there were several other initiatives ongoing which addressed the welfare of children at an early age. The Director of Public Health offered to provide a report to a future meeting of the Committee regarding the wider work of the Public Health Department.
- (v) Breastfeeding rates were known to be low in Leicestershire though it was unclear to what extent this was due to issues with the quality of the data and under-recording, rather than mothers being reluctant to breastfeed. Work was taking place with NHS Digital to resolve the data quality issues.
- (vi) Members raised concerns regarding childhood obesity and asked what work was undertaken to ensure parents had the necessary skills to raise healthy children. In response it was explained that Children's Services helped parents with parenting skills and the Public Health Department commissioned activities through Leicester-Shire & Rutland Sport to encourage children to be more active. Liaison was also taking place with the Planning Officers Forum to ensure healthy environments were created.
- (vii) The data indicated that tackling alcohol misuse in young people needed to be a priority however it was also important to tackle substance abuse in young people as this was widely prevalent.

RESOLVED:

- (a) That the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service for Leicestershire be supported, and the consultation feedback received to date be noted;
- (b) That the comments now made by the Committee regarding the proposals be forwarded to Cabinet for consideration at the meeting on 26 October 2021;
- (c) That officers be requested to provide a report for a future meeting of the Committee regarding the wider work of the Public Health Department in relation to the health of children.

25. Director of Public Health update on Covid-19.

The Committee received a presentation from the Director of Public Health which provided an update on the spread of Covid-19 in Leicestershire and measures being taken to prevent the further spread of the virus over the 2021/22 winter period. A copy of the presentation slides, marked 'Agenda Item 12', is filed with these minutes.

The Committee also welcomed Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Whilst there were no longer any restrictions in schools in relation to the Covid-19 pandemic, schools had outbreak management plans in place where various actions could be implemented depending on the number of Covid-19 cases at the school.
- (ii) There were still restrictions in place at carehomes and members raised concerns regarding the resilience of residents and staff.
- (iii) Although the Covid-19 pandemic was perceived by some to have eased, NHS services were still exceptionally busy. In particular ambulance handover delays at the Emergency Department were a major problem in Leicestershire. It would take at least one year to clear the backlog of elected medical procedures and realistic recovery trajectories had been set so that staff were not put under too much pressure. It was important for the NHS to explain to the public the challenges that were being faced and set expectations for the level and pace of recovery.
- (iv) Measures had been put in place to safeguard the wellbeing of NHS staff such as ensuring annual leave was taken and making psychological therapy available. Escalation protocols were being reviewed in case the demands on staff were unable to be met.
- (v) Significantly more primary care appointments were being offered now compared to prior to the Covid-19 pandemic and a large majority of these were face to face however the demand for primary care appointments was currently very high and there was still public frustration regarding the availability of appointments. Work was taking place to change the system for booking appointments over the telephone as the narrow timeframe each day for booking appointments was causing patients some angst. The triage process was designed to ensure patients were referred to the most appropriate service as early as possible in the process.

RESOLVED:

- (a) That the update from the Director of Public Health regarding Covid-19 be noted;
- (b) That officers be requested to provide a report for a future meeting regarding the backlog of elected procedures.

26. Dates of future meetings.

RESOLVED:

That future meetings take place on the following dates all at 2.00pm:

Wednesday 10 November 2021;
Wednesday 19 January 2022;
Wednesday 2 March 2022;
Wednesday 15 June 2022;
Wednesday 31 August 2022;
Wednesday 2 November 2022.

2.00 - 4.10 pm
01 September 2021

CHAIRMAN