

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 2 March 2022.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. S. L. Bray CC

Mr. K. Ghattoraya CC

Mr. D. J. Grimley CC

Mrs. A. J. Hack CC

Mr. R. Hills CC

Mr. C. A. Smith CC

In attendance

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups, (minute 61 refers).

Sarah Shuttlewood, Assistant Director for Contracts and Procurement, Leicester City Clinical Commissioning Group (minute 61 refers).

Richard Morris, Deputy Director of People and Innovation, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minute 61 refers).

Cllr. Bob Waterton, Braunstone Town Council (minute 61 refers).

Helen Hendley, Planned Care Director, University Hospitals of Leicester NHS Trust (minute 64 refers).

Paula Vaughan, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 64 refers).

54. Minutes of the previous meeting.

The minutes of the meeting held on 19 January 2022 were taken as read, confirmed and signed.

55. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

56. Questions asked by members.

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

1. Question by Mrs. Amanda Hack CC:

Health Scrutiny have received a number of reports about the difficulties of Ambulance handovers, what is the current average wait time for patients arriving by ambulance?

Reply by the Chairman:

The current average wait time for patients arriving by ambulance, using January 2022 performance, is just over 1 hour. Please be aware the average handover time is impacted

by longer waits experienced by some patients and the median wait time (middle of the range of wait times) is 26 minutes.

2. Question by Mrs. Amanda Hack CC:

It has been raised recently with a constituent that there is a Doctors Urgent Pathway, please could more information be given on this pathway into hospital including:

- a. % of patients transported to hospital on this pathway?
- b. How is the doctors urgent pathway managed alongside 999 pathways?
- c. Average waiting times for the Doctors Urgent Pathway?
- d. Does the 4 hour waiting time measurement begin when the person arrives at the hospital in the ambulance, or at the point at which the handover into the hospital takes place?

Reply by the Chairman:

In answering this question it has been assumed that the question is referring to the East Midlands Ambulance Service (EMAS) Healthcare Professional Conveyance Protocol (HCP).

- a. For the last three months (Dec 21 to Feb 22) an average of 4.7% of the patients transported to hospital were transported on this pathway. This compares to 5.1% for a similar period pre-pandemic (Dec 19 to Feb 20).
- b. Once a patient arrives at ED they are prioritised on clinical need and acuity.
- c. Based on data received from EMAS the average wait for transport on the HCP pathway is 1 hour and 53 minutes for Leicestershire.
- d. The waiting time measurement for ambulance arrivals to A&E begins from when the handover occurs or 15 minutes after the ambulance arrives at A&E, whichever is the earlier.

The responses above are provided in the context that the LLR system remains under significant pressure, with an imbalance in capacity vs demand. I have been reassured that the health and care system, remains committed to working together to resolve this imbalance to improve both patient experience and outcomes.

Supplementary question:

Please explain why there is such a significant difference between the wait time for patients arriving via the Healthcare Professional Conveyance Protocol (HCP) and other patients arriving by ambulance. What work is being carried out to address this difference?

Reply by the Chairman:

The Chairman agreed to provide a written answer after the meeting.

57. Urgent items.

There were no urgent items for consideration.

58. 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.

Mr. C. Smith CC declared an Other Registerable Interest in agenda item 9: Childhood Obesity as he worked in the health and fitness industry which included working with children. This item did not directly relate to or affect the financial or other wellbeing of that body to an extent that this prevented Mr. Smith from participating in the meeting.

Mr. R. Hills CC declared an Other Registerable Interest in agenda item 9: Childhood Obesity as he worked as a dentist. This item did not directly relate to or affect the financial or other wellbeing of that body to an extent that this prevented Mr. Hills from participating in the meeting.

59. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

60. Presentation of Petitions.

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

61. Lubbesthorpe and Forest House Medical Centre Development.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) which responded to a petition received by the Committee which raised concerns regarding the Lubbesthorpe and Forest House Medical Centre Development. A copy of the report, 'marked 'Agenda Item 8'', is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs, Sarah Shuttlewood, Assistant Director for Contracts and Procurement, Leicester City CCG, Richard Morris Deputy Director of People and Innovation, LLR CCGs, and Cllr. Bob Waterton, Braunstone Town Council.

The Chairman stated that it would have been useful for a map of the relevant area to have been provided to help those not familiar with the geography understand the issues.

The lead petitioners Cllr. Bob Waterton and Mrs. A. J. Hack CC made the following points:

- (i) The petition had received over 1,300 signatures which showed the strength of feeling in the area and it was questioned whether the CCG recognised this and had fully considered the needs of residents that resided in Braunstone.
- (ii) The decision to close Forest House Medical Centre had been made during the Covid-19 pandemic and insufficient consideration had been given to whether this was the right approach in normal times.
- (iii) Concerns were raised about the quality and extent of the engagement and formal public consultation which had taken place regarding the proposals to relocate the services from Forest House Medical Centre to the new premises at Lubbesthorpe. In particular paper copies of the documents had not been circulated and many

elderly people did not have access to the online consultation documents. It was also noted that the consultation did not ask respondents to provide a post code therefore it could not be assessed whether the responses were representative of the whole area affected by the proposals.

- (iv) It was difficult to travel from Braunstone to Lubbesthorpe using public transport and those people that resided in the part of the GP catchment area that was furthest away from Lubbesthorpe needed to catch two buses to get to Lubbesthorpe. Braunstone residents that did not have smart phones were unable to access the ArrivaClick service. Some residents were having to resort to taxis to get to Lubbesthorpe which was expensive and unsustainable.
- (v) It was noted that one of the aims the Clinical Commissioning Group had set itself was to deliver services closer to home, and it was submitted that the proposal to relocate services from Forest House Medical Centre to the new premises at Lubbesthorpe was at odds with that. In response it was explained that the concept of having care delivered close to home was about having more care delivered outside of an acute hospital setting.

In response to the petition and concerns raised during the meeting Andy Williams and colleagues made the following points:

- (vi) The CCG did acknowledge the strength and breadth of local opinion regarding the proposals as was exhibited by the number of people that had signed the petition.
- (vii) The GP Practice needed to relocate to enable it to cope with the growing population and the additional residents in the area as a result of the new housing in Lubbesthorpe. It was intended that there would be a 'one stop' model for GP Practices going forward and a patient would be able to receive a variety of services at the same location. The premises at Forest House were not suitable for this type of approach.
- (viii) The CCG would continue to monitor the transport situation and work with the County Council to address those issues. Voluntary car provision was available.
- (ix) The CCG would give consideration to whether the GP Practice in Lubbesthorpe should have a satellite premises in the Braunstone area.
- (x) It was acknowledged that the consultation and engagement which was undertaken may have given the CCG a partial or misleading sense of the impact of the proposals on Braunstone residents. Further discussions would take place with CCG colleagues and the GP Practice regarding the matter and the proposals for the Lubbesthorpe and Forest House Medical Centre Development would be given further consideration. However, the CCG emphasised that realistic options were limited.

It was noted that with the pressures that all parts of Leicestershire were under to accept housing growth, other GP Practices in Leicestershire could go through a similar process and members sought reassurances that the CCG would learn the lessons from the Lubbesthorpe development.

RESOLVED:

- (a) That the contents of the report be noted;
- (b) That the offer of the CCG to give further consideration to the proposals be welcomed.

62. Childhood Obesity.

The Committee considered a report of the Director of Public Health which informed of the current work programme to address overweight children and obesity in Leicestershire. A copy of the report, 'marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Concerns were raised about the number of people taking sick leave from work or that were unable to work due to obesity and related issues. Members stressed the importance of prevention and tackling problems early in people's lives before they got into bad habits.
- (ii) In order to tackle the problem of obese children it was important to communicate with and influence the parents and carers of those children early on and even before birth.
- (iii) Girls tended to stop taking part in physical activity in their early teens and for boys it was usually when they left school and action needed to be taken to ensure these people continued exercising. In response the Director explained that Active Together ensured a broad range of physical activity was available for all ages and the Director agreed to liaise with them to see what more could be done regarding the drop off rates for children.
- (iv) There was evidence that there was a link between breastfeeding and healthy weight in children therefore it was particularly disappointing that breastfeeding rates were known to be low in Leicestershire. In response to concerns that the full picture in relation to breastfeeding rates in Leicestershire was unknown due to issues with the quality of the data and under-recording the Director gave reassurance that a better quality of data in relation to breastfeeding was now available.
- (v) Some mothers were eligible for the Healthy Start scheme which provided vouchers for buying food and milk. However, members felt that this scheme was not well enough publicised and it was unclear who had responsibility for making mothers aware the scheme was available. In response the Director stated that the 0-19 Healthy Child Service, foodbanks and maternity services all played a role in promoting the Healthy Start scheme but it was acknowledged that more needed to be done and consideration would be given to whether Public Health could link in with debt advisors.
- (vi) It was suggested that dentists should have a mechanism for referring patients with a poor diet to public health so that the department could make interventions and encourage those people to eat more healthily. The Director of Public Health agreed to give consideration to whether such a referral mechanism was possible.

RESOLVED:

That the current work programme to address overweight children and obesity be welcomed.

63. Public Health Grant Update.

The Committee received a verbal update from the Director of Public Health regarding the Public Health Grant which Leicestershire County Council would receive for 2022/23. The information regarding the Grant had not been available when the Committee considered the Public Health Medium Term Financial Strategy 2022/23 – 2025/26 at its meeting on 19 January 2022.

The Director informed that Leicestershire County Council had been allocated £26.2 million for 2022/23 which was an increase of 2.1% but not a large enough increase to be in line with inflation. This allocation was commensurate with what the Department had expected to receive therefore there were no changes required to the Public Health Medium Term Financial Strategy.

RESOLVED:

That the update regarding the Public Health Grant be noted.

64. Restoration and Recovery of Elective/Planned Care in Leicester, Leicestershire and Rutland.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an update on the impact of Covid-19 on elective/planned care for the patients of LLR and the approach to restoration and recovery. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Helen Hendley, Planned Care Director, UHL and Paula Vaughan, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

- (i) Members welcomed the plans that had been put in place for the recovery of elective/planned care including the new pathways and the opening of two new Vanguard theatres at the Glenfield Hospital site. However, concerns were raised about the impact of these measures on the workload of admin support services. In response the importance of the admin support teams was acknowledged by UHL and reassurance was given that they would receive as much training and investment as clinical staff.
- (ii) Members raised concerns regarding the quality of communication between the NHS and patients particularly with regards to cancelled operations. Whilst the increased use of text messages was welcomed by members it was emphasised that the information provided in text messages needed to be clearer for example at a time when many patients were undergoing multiple procedures for different conditions the text message needed to make it explicitly clear which medical procedure the message referred to.

- (iii) Members were pleased to note that the Dermatology Team and Upper GastroIntestinal teams had cleared their backlog of 2 week-wait referrals.
- (iv) The main issue with breast cancer referrals was whether the system had the capacity to deal with the demand however a plan was in place to tackle this problem. Over the previous few weeks an additional 900 breast cancer patients had been seen which meant that by the end of March 2022 the average waiting time was expected to have reduced from 4 weeks to 2 weeks. For Ear, Nose and Throat (ENT) cancers consideration was being given to whether the whole pathway could be transformed to improve performance.
- (v) In response to a question about cancer screening programmes it was explained that the backlog had been reduced to the level it was at prior to the Covid-19 pandemic but as there was still a backlog further work needed to be carried out to reduce it. Some screening programmes such as bowel were being recommissioned and reincorporated into UHL to help with backlog. It was suggested that there could be a specific agenda item at a future meeting of the Committee regarding screening programmes.

RESOLVED:

- (a) That the update on the impact of Covid-19 on elective/planned care for the patients of LLR and the approach to restoration and recovery be welcomed;
- (b) That officers be requested to provide a report for a future Committee meeting regarding the cancer screening programme.

65. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on Wednesday 15 June 2022 at 2.00pm.

2.00 - 3.15 pm
02 March 2022

CHAIRMAN