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

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC	Mr. R. Hills CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. Harrison CC	Ms. Betty Newton CC

In attendance
Mr. D. C. Bill CC (item 34 refers).
Joanna Clinton, Head of Strategy, Integrated Care Board (item 34 refers).
Kay Darby, Deputy Director of LLR Vaccination Programme (item 35 refers).
Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (item 36 refers).
Rachel Dewar, Assistant Director of Urgent & Emergency Care, Integrated Care Board (item 36 refers).
Hannah Hutchinson, Assistant Director of Performance Improvement, Integrated Care System Performance Service (item 37 refers).

27. Minutes of the previous meeting.

The minutes of the meeting held on 31 August 2022 were taken as read, confirmed and signed.

28. Question Time.

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

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.

Mrs. M. E. Newton CC declared a Non-Registrable Interest in all agenda items as she had two close relatives that worked for the NHS.

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 35.

34. Hinckley Community Diagnostic Centre and Day-Case Project Update.

The Committee considered a report of the Integrated Care Board which provided an update on the Hinckley Community Diagnostics Centre (CDC) and Day-Case project. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Joanna Clinton, Head of Strategy, Integrated Care Board.

The Committee also welcomed to the meeting Mr. D. C. Bill CC as he represented an electoral division in the Hinckley area.

Arising from discussions the following points were noted:

(i) On 22 October 2022 national approval had been given for the scheme. Construction work on the site was expected to begin in March 2024 and the project was expected to be completed by early 2025.

(ii) A 6-week public engagement period would take place over winter 2022/23. Members questioned the need for this given the engagement that had already taken place.

(iii) Concerns were raised regarding the length of time it took for NHS projects such as this one to be completed. In response it was explained that the process for schemes such as these was decided nationally and although the Integrated Care Board had asked if the process could be speeded up the national timescales had to be adhered to.

(iv) Members expressed disappointment that the walk-in centre which had been part of the original plans was not part of the current plans. In response it was explained that the Integrated Care Board needed to concentrate on the services which were most in need and there was a backlog of elected procedures which were required to be carried out therefore this had been prioritised. A system wide review was taking place of Urgent Care Systems however the move to Enhanced Access needed to settle in and the impact understood before changes to Urgent Care could take place. In March 2023 recommendations would be made for the Urgent Care Hubs and the Committee would receive an update on the plans at a future meeting.

(v) In April 2020 the new x-ray facility opened at Hinckley and District Hospital. The plan was that those x-ray facilities would be moved into the new Community Diagnostics Centre, there would not be two sets of x-ray facilities.

(vi) In response to concerns raised by a member that rising construction costs could mean that the money allocated to the scheme was no longer sufficient, reassurance was given that work had been carried out to ensure the funding was adequate, and the submission to NHS England had to demonstrate that the scheme was affordable.

(vii) GP Practices now offered 'Extended Access' appointments out of hours and in the Hinckley area. This meant appointments were available up to 6.00pm Monday to Friday. The existing hub in Hinckley run by Derbyshire Health United was open until 8.00pm.

(viii) A member asked what was the likely volume and throughput of patients for the Community Diagnostics Centre and it was agreed that this information would be provided to members after the meeting.

RESOLVED:

That the update on the Hinckley Community Diagnostic Centre and Day-case projects be noted.

35. LLR Covid-19 and Flu Vaccination Programme.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Vaccination Programme which provided an update on the autumn and winter Covid-19 and flu vaccination programme for the eligible population in LLR. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Kay Darby, Deputy Director of LLR Vaccination Programme.

Arising from discussions the following points were noted:

(i) The vaccination programme was being carried out with less funding than in previous years. The budget provided nationally was fixed and the Integrated Care Board had supplemented this budget from its own funds.

(ii) The vaccination figures for the Charnwood area were comparatively low. Vaccination uptake was often lower in more deprived areas and Covid-19 outbreaks were occurring in areas with lower vaccination rates. In order to improve vaccination rates work was taking place with Public Health, District Councillors and community leaders. Two mobile vaccination units were travelling round the Charnwood area and the publicity campaigns were timed to coincide with the visits of the mobile units.

(iii) Communications regarding the vaccine campaign came from the national team and were then distributed locally with tailor made local campaigns. Local television channels and programmes such as East Midlands Today were used. In response to concerns that the communications were not visible enough it was explained that the campaigns were targeted at particular demographics (for example those who were

pregnant), in terms of the timing and medium used and therefore may not be noticed by people not within that demographic.

(iv) The vaccination appointments were organised by Primary Care Networks (PCNs) and the precise arrangements were down to the individual PCN. In some PCNs individual practices arranged appointments whereas in other PCNs a central admin team organised appointments for the whole of the PCN. In some PCNs a text was sent to patients inviting them to make a vaccine appointment whereas others made a phone call. A member felt that a phone call was more effective as it encouraged a patient to make a decision on whether to have the vaccine.

(v) Concerns were raised that not all chemists were administering the Covid-19 vaccine and people would not be willing to travel by bus to receive the vaccine elsewhere. In response it was explained that the vaccine programme was organised on a national basis and LLR was only allocated a certain number of sites. The sites were moved around depending on where the most need was. Partnership working was taking place with the Warm Hubs Network to help provide transport for the public to vaccination sites.

(vi) Concerns were raised about the impact on children under the age of 5. In response to a request from a member it was agreed that data regarding the breakdown of covid uptake by PCN area across the county would be provided after the meeting.

RESOLVED:

That the update on the autumn and winter COVID-19 and flu vaccination programme be noted.

36. Planning for a resilient winter across the LLR Health and Care System.

The Committee received a presentation from the LLR Health and Care System regarding the plans in place for a resilient winter across the system. A copy of the presentation slides, marked ‘Agenda Item 10’, is filed with these minutes.

The Committee welcomed to the meeting for this item Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust, and Rachel Dewar, Assistant Director of Urgent & Emergency Care, Integrated Care Board.

Arising from discussions the following points were noted:

(i) There were six national metrics which were being used to measure success:

- 111 call abandonment to national standards;
- Mean 999 call answering times to national standards;
- Category 2 ambulance response times to national standards;
- Average hours lost to ambulance handover delays per day to national standards;
- Adult general and acute type 1 bed occupancy (adjusted for void beds);
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

UHL felt that these were the correct metrics and the ambulance handover metric was the most important. To deliver the national metrics UHL had its own metrics and accountable lead officers for each. The biggest barrier to good performance against the metrics was the workforce challenges. The UHL Trust as a whole had a

12% vacancy rate which in total was 2109 vacancies. The Emergency Department specifically had a 13% vacancy rate. Work was ongoing to make UHL a more attractive employer. Work was also taking place with national and regional partners and local universities to create education programmes for health professionals. Bank and Agency staff were used to cover vacancies temporarily. The Locum's Nest system had just been launched which enabled bank staff to access shifts and ensured they were paid more swiftly.

(ii) The 'Home First' approach was being used and recruitment was taking place for this model though there were difficulties recruiting the right numbers and calibre of personnel.

(iii) 'Virtual wards' were being used to monitor patients at home such as patients with cardiac problems where their heart rate could be checked remotely.

(iv) The unscheduled care co-ordination hub was a single point of access for people at immediate risk of attending hospital but not seriously ill. It comprised of a home visiting service and ambulance service which prevented people being required to attend the Emergency Department.

(v) Additional acute capacity had been added to the LLR Health and Care System including additional acute beds at UHL, additional community beds and the Ashton residential and nursing care home had been opened.

(vi) Consideration was being given to whether to implement the North Bristol Model of care across UHL. This model involved rapid flow of patients through the hospital and matching the flow to when patients were expected to be discharged.

(vii) It was important that patients were able to access Primary Care to prevent them attending the Emergency Department unnecessarily. The Next Steps for integrating primary care: Fuller Stocktake report had been published which looked at how the implementation of integrated primary care could be accelerated. Consideration was being given to how the recommendations from this report could be implemented in LLR.

(viii) The cost-of-living and fuel / food poverty crisis could have an impact on the Health and Care System over the winter. Concerns were raised that elderly people might not come forward and ask for help. To help tackle these issues the Health and Care System used the 'Making Every Contact Count' approach which meant that every interaction a health professional had with a patient was used to support positive changes to the patient's physical and mental wellbeing. For example if a professional visited a home and noticed it was cold they could make the appropriate referral.

(ix) In response to concerns raised about loneliness it was explained that County Council led initiatives such as Local Area Co-ordinators and Social Prescribing also played a role in tackling this.

RESOLVED:

(a) That the plans for a resilient winter across the LLR Health and Care System be noted;

(b) That officers be requested to provide a report for a future meeting regarding Primary Care and the Fuller Stocktake report.

37. Health Performance Update.

The Committee considered a joint report of the Chief Executive and the Integrated Care System Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data on 30 September 2022. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Hannah Hutchinson, Assistant Director of Performance Improvement, Integrated Care System Performance Service.

(i) For many performance metrics the Leicestershire data could not be identified separately to the Rutland data. Members emphasised that what they really needed was 'Leicestershire only' data in comparison with national data.

(ii) There was a disparity between east and west Leicestershire with regards to diagnosis rates for dementia. Detection rates were higher in east Leicestershire. This disparity could be seen across other performance indicators as well and work was taking place to establish the reasons for this. It was agreed that an update would be provided to the Committee on the outcome of this analysis. The Leicester City area was better than Leicestershire as a whole for dementia detection so lessons could be learnt from what was happening in the City.

(iii) Life expectancy at birth data showed that Leicestershire continued to perform significantly better than the national average for males and females. However, compared to the previous year's data, life expectancy at birth had decreased by 0.4 years for males and 0.3 years for females. By way of comparison, for Leicester City life expectancy had decreased by 0.7 for males and females. Healthy life expectancy for Leicestershire had decreased by 0.6 years for males and stayed the same for females. For Leicester City Males had decreased by 0.7 whereas females had increased by 0.3. It was suggested that the decreases in life expectancy could be a result of the Covid-19 pandemic.

(iv) In response to concerns raised about performance against the cancer metrics reassurance was provided that the Integrated Care Board Cancer System Working Group was looking at quality issues. Urology was a particular problem and an action plan was in place to tackle the issues there. Consideration was also being given to the potential harm caused to patients whilst they were waiting for procedures. Further work needed to take place to look at the mental health impacts of delays as well. Harm reviews were taking place including mortality reviews.

(v) With regards to the 18 Week Referral to Treatment metric 91,179 patients were waiting at all providers at the end of August 2022. In response to a question about the use of private providers it was confirmed that patients were offered a choice and the independent sector was being used to support NHS work. Patients were referred to Nuffield Health, Spire Healthcare and Ramsay Health Care.

RESOLVED:

(a) That the update on public health and health system performance in Leicestershire be noted;

(b) That officers be requested to provide a report for a future meeting of the Committee on the cancer metrics and the work of the Cancer System Working Group.

38. Dates of future meetings.

RESOLVED:

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

18 January 2023;
1 March 2023;
14 June 2023;
13 September 2023;
1 November 2023.

2.00 - 3.40 pm CHAIRMAN
02 November 2022