



Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 14 June 2023 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mr. E. Walters (0116 3052583)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Mr. J. Morgan CC (Chairman)

Mr. M. H. Charlesworth CC Ms. Betty Newton CC
Mr. D. Harrison CC Mr. T. J. Pendleton CC
Mr. R. Hills CC Mrs B. Seaton CC

**Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leicestershire.gov.uk>
– Notices will be on display at the meeting explaining the arrangements.**

AGENDA

<u>Item</u>	<u>Report by</u>
1. Appointment of Chairman.	
<i>To note that Mr. J. Morgan CC was nominated as Chairman elect to the Health Overview and Scrutiny Committee at the Annual Meeting of the County Council held on 17 May 2023.</i>	
2. Election of Deputy Chairman.	
3. Minutes of the meeting held on 1 March 2023.	(Pages 5 - 10)
4. Question Time.	
5. Questions asked by members under Standing Order 7(3) and 7(5).	



6. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.
7. Declarations of interest in respect of items on the agenda.
8. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
9. Presentation of Petitions under Standing Order 35.

10. Hinckley Community Diagnostics Centre Update. Integrated Care Board

A verbal update will be provided by the Integrated Care Board.

11. Restoration and Recovery of Elective Care. University Hospitals of Leicester NHS Trust (Pages 11 - 16)

12. Dates of future meetings.

Future meetings of the Committee are scheduled to take place on the following dates all at 2.00pm:

Wednesday 13 September 2023;
 Wednesday 1 November 2023;
 Wednesday 17 January 2024;
 Wednesday 6 March 2024;
 Wednesday 5 June 2024;
 Wednesday 11 September 2024;
 Wednesday 13 November 2024.

13. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website <https://www.cfgs.org.uk/>

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

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Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 1 March 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. P. King CC

Mr. D. Harrison CC

Ms. Betty Newton CC

Mr. R. Hills CC

Mr. C. A. Smith CC

In attendance

Hannah Hutchinson, Assistant Director of Performance & Quality Improvement, Leicester, Leicestershire and Rutland Integrated Care Board (minute 58 refers).

Helen Mather, Associate Director of Elective Care, Cancer and Diagnostics, Integrated Care Board (minute 58 refers).

Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 58 refers).

Alison Buteux, Senior Performance Manager, Midlands and Lancashire Commissioning Support Unit (minute 58 refers).

50. Minutes of the previous meeting.

The minutes of the meeting held on 18 January 2023 were taken as read, confirmed and signed.

51. Question Time.

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

52. Questions asked by members.

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

53. Urgent items.

There were no urgent items for consideration.

54. 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 agenda item 9: Health Performance as she had two close relatives that worked for the NHS.

55. Declarations of the Party Whip.

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

56. Presentation of Petitions.

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

57. Green Living Leicestershire - An approach to Domestic Energy Efficiency Retrofit across Leicestershire.

The Committee considered a report of the Director of Public Health which provided an update on the existing Domestic Energy Efficiency Retrofit Programme (DEER) and plans to extend the scheme. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) There were 32,496 households in Leicestershire in fuel poverty and it was anticipated that approximately 300 houses would receive measures under the DEER Programme. In response to a concern raised by a member that this was a very small percentage of the homes that needed support it was explained that there was a finite amount of funding available, there were conditions to the funding and the County Council was doing as much as it could with what was available. Were there to be more money available or less conditions regarding what it could be spent on then the department would consider other options for improving homes.
- (ii) In February 2022, the County Council had offered to act as a consortium lead, pooling the district funding and hosting a project delivery team. All districts except Oadby and Wigston Borough Council agreed to support the consortium approach. Oadby and Wigston Borough Council were working with the Midlands Net Zero Hub and had delivered measures to 27 properties.
- (iii) The Charnwood area had 132 households confirmed as eligible which was far higher than the other Districts in Leicestershire and yet the target was to retrofit only 14 of those houses. In response to a question as to why the target was so low it was explained that when asked whether they wished to take part in the scheme Charnwood had initially said no as they did not feel they had the capacity to deliver the scheme. However, Charnwood had now received some funding as a result of underspend from other areas and asked to be included in future funding rounds.
- (iv) In response to a question about how the impact of the scheme was measured it was explained that the funding came from the new Department for Energy Security and Net Zero, and the main outcomes were around energy consumption. However, the Public Health department was interested in wider outcomes particularly relating to health and so remained in touch with the households after the retrofitting had been completed and carried out customer satisfaction surveys to obtain feedback. Carrying out evaluation cost money and given that there were conditions to the funding it could not be spent on a bespoke monitoring system. With regards to

monitoring health impacts of the scheme the results could take a lot longer to become apparent.

- (v) A member asked whether there was a decrease in the energy bills of those homes that had been retrofitted and in response it was explained that for many homes there was a decrease but the precise amount depended on the exact retrofitting measures that had been delivered to that particular household. The variability of energy prices also had an impact on bills.
- (vi) The current phase of funding combined phase 3 of Local Authority Delivery (LAD) scheme and the first round of Home Upgrade Grant (HUG) funding. It was agreed that the figures for the earlier funding rounds would be provided to members after the meeting.
- (vii) A member suggested that it would be useful to know how many properties in Leicestershire sat within the different energy bands.

RESOLVED:

That the Domestic Energy Efficiency Retrofit Programme and plans to extend the scheme be welcomed.

58. Health Performance Update including Cancer.

The Committee considered a joint report of the Chief Executive and the Integrated Care System Performance Service which provided an update on health and care system performance based on the available data in January 2023 and focused in particular on cancer performance and recovery. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Hannah Hutchinson, Assistant Director of Performance & Quality Improvement, Leicester, Leicestershire and Rutland Integrated Care Board (ICB), Helen Mather, Associate Director of Elective Care, Cancer and Diagnostics at the ICB, Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (UHL), and Alison Buteux, Senior Performance Manager, Midlands and Lancashire Commissioning Support Unit.

Arising from discussions the following points were noted:

- (i) The number of patients waiting over 104 weeks for elective treatment had reduced steadily each month for the previous six consecutive months. The peak of 1,063 patients in January 2022 decreased so that at the end of December 2022 there were 67 Leicestershire and Rutland patients waiting over 104 weeks, at a number of different Acute providers. There was a target that the number of 104 week waiters would be zero by the end of March 2023 and the number of 65 week waiters would be zero by March 2024.
- (ii) The dementia diagnosis rate was currently 60.7% and the target was 66.7%.
- (iii) Accident & Emergency Departments had a target to admit, transfer or discharge patients within 4 hours of their arrival. As of January 2023 57% of patients arriving at Leicester Royal Infirmary met this target and the national target for 2023/24 was to reach 76% compliance.

- (iv) At the end of December 2022 10,836 patients were waiting over 52 weeks from referral to treatment. There was a target that this figure be zero by March 2025.
- (v) In December 2022 45% of patients referred for cancer treatment were seen within 62 days. A trajectory had been set that fewer than 517 patients would be seen after more than 62 days by the end of March 2023 and in 2024 this would improve further with a target currently being agreed.
- (vi) With regards to patients that were seen within two weeks of an urgent GP referral for suspected cancer the position as of November 2022 was 88.3%. Of those patients 90% were found not to have cancer but this still meant that they had a medical problem of some kind that needed dealing with.
- (vii) Whilst some Trusts were able to achieve their performance targets earlier than the national trajectory it was not expected that this would be the case in Leicestershire due to the challenges faced.
- (viii) There was a new cancer leadership team both within the system and within UHL. The Trust was working with the national improvement support team to improve the processes and practices around cancer.
- (ix) It was important to get the governance of the cancer system right and some of the recent improvements had been as a result of improvements in governance.
- (x) There were concerns that during the Covid-19 pandemic patients had not been seeking medical advice when ordinarily they would have and this meant cancers were not detected early and as a result patients that were now being seen were more likely to have stage 4 cancers than stage 1 or 2 therefore requiring more invasive treatment. More data and modelling was required to fully understand the scale of this issue.
- (xi) Members raised concerns that historically cancer referral rates rose approximately 25% every three years and noted that this was partly due to an ageing population. It was questioned how this increase in demand was going to be met. In response it was explained that cancer patients needed to be dealt with in different ways from the traditional acute hospital model and there needed to be more use of diagnosis in the community. For example, GP Practices were now able to carry out tests that they could not in the past and make direct referrals. Bowel cancer screening known as Faecal Immunochemical Tests (FIT) was taking place amongst the over 60s. The Integrated Care Board had received national government funding of approximately £14.5 million to build a new Community Diagnostic Centre on the Hinckley and District Hospital (Mount Road) site. Cancer patients would also receive treatment closer to home and small operations could be carried out at community hospitals. Minor procedures would be able to be carried out at Hinckley Community Diagnostic Centre. Independent providers were also being used for cancer treatment.
- (xii) In response to members' concerns about the mental health of patients waiting for a cancer diagnosis or treatment it was explained that a psychosocial support service for people with cancer was being set up and members welcomed this. There had also been funding secured to invest in Improving Access to Psychological Therapies (IAPTs).

- (xiii) In response to a question as to whether the breast screening service would be returning to Coalville it was explained that the service was returning to normal after the Covid-19 pandemic and agreed that further information in relation to Coalville would be provided to members after the meeting.
- (xiv) In response to a question from a member about vaccination uptake particularly in the North West Leicestershire area it was agreed that data on this would be provided to members after the meeting.
- (xv) In response to a question from a member about the infection control measures which were put in place in outpatient services during the Covid-19 pandemic and the consequent reduction in capacity it was confirmed that there were no longer any constraints due to infection control.
- (xvi) The following updates to the Better Care Fund data provided in the report were provided:
- With regards to the effectiveness of reablement the proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation was now 88%.
 - The percentage of people who were discharged from acute hospital to their normal place of residence was now 92.2% against a target of 92.7% which meant that performance was 0.5% below the target.
 - The number of unplanned admissions for chronic, ambulatory, care-sensitive conditions was 180.9 per 100,000 admissions against a target of 162 so performance was 18.9% above the target.
 - The number of older adults whose long-term care needs were being met by admission to residential or nursing care per 100,000 population was now 519.5. It was noted that the Better Care Fund metrics classed older people as aged 65 and over and questioned whether this should be increased to 66 and over given that the pension age was now 66. In response it was explained that the wording of the metric was set by government and were it to be changed it would make comparison with previous years difficult, but it was acknowledged that this was something which needed to be considered in the future.
- (xvii) With regards to the Public Health and Prevention indicators, indicator B16 - Utilisation of outdoor space for exercise health reasons the available data was from March 2015 to February 2016. A member questioned the relevance of this data given the amount of time that had elapsed since it was collected and it was agreed that were more up to date data to be published it would be provided to members.

RESOLVED:

- (a) That the update on public health and health system performance in Leicestershire be noted;
- (b) That the performance for the cancer wait metrics be noted with concern but the work taking place to reduce the backlog be welcomed;
- (c) That officers be requested to provide a report for the next meeting of the Committee regarding workforce challenges across the health and care system, and recruitment and retention issues.

59. Teen Health Service: 11-19 Years Old (Healthy Child Programme).

The Committee considered a report of the Director of Public Health which provided an update on the new Teen Health Service: 11-19 which was formerly part of the Healthy Child Programme. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were made:

- (i) Reassurance was given that during the transfer of the 11-19 service from Leicestershire Partnership NHS Trust to it being integrated within Leicestershire County Council Children's and Families Wellbeing Service the service provided was not reduced and it did not fail to support any children.
- (ii) The model for the new service was different to what was in place previously and was more focused on public health and prevention elements. The service was able to be reactive to emerging issues such as substance misuse and gender/sexual identity. Individuals that came forward for help were allocated a support worker but the service was trying to be proactive and so carried out group sessions and drop-in sessions. One member of staff who had oversight of all the work was medically qualified but the other staff had been recruited based on their ability to work with young people.
- (iii) The Teen Health Service: 11-19 differed from the Local Area Co-ordinator scheme in that it was designed for young people. The reason it was called the teen service when it did not just deal with teens was that the views of service users had been taken into account when deciding what to name it.
- (iv) The Public Health department intended to carry out more work to tackle the issue of young people vaping. The Trading Standards department at Leicestershire County Council were already working on this problem.
- (v) In response to a question about how the department tackled the use of nitrous oxide it was agreed that further information would be provided to members after the meeting.

RESOLVED:

That the update on the Teen Health Service: 11-19 be noted.

60. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 14 June 2023 at 2.00pm.



HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
14 June 2023

RESTORATION AND RECOVERY OF ELECTIVE CARE

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND
HEALTH SYSTEM

Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the elective care recovery progress for the patients of Leicester, Leicestershire and Rutland (LLR) with a specific focus on the scale of the impact for those people living in within the Leicestershire County boundary who are on the University Hospitals of Leicester NHS Trust (UHL) list for elective care, diagnostics and/or treatment.

Context

2. Before the pandemic (March 2020), Leicester, Leicestershire and Rutland's (LLR's) health providers had a total of 66,000 on its waiting list. The UHL waiting list includes patients with a physical health need, diagnostics and/or treatments including cancer, for both paediatrics and adults.
3. The size of the waiting list more than doubled following the pandemic with 130,835 patients waiting by October 22. UHL has the 6th largest RTT (Referral to Treatment) waiting list nationally based on March 23 published data.
4. Nationally, the overall waiting list is continuing to grow and is at a record high, despite the reduction in the longest waits.
5. UHL has seen a reduction in the overall waiting list since the start of the year (April 23 117,318), achieving our first annual reduction in our waiting list in four years.
6. UHL has also seen significant progress made on reducing waiting times for those patients waiting the longest for definitive treatment. UHL has virtually eliminated all patients waiting longer than 2 years for treatment.
7. At the beginning of June 23, UHL will be launching the operational plan to improve adult and paediatric planned care in 23/24. *See appendix 1.*

8. The ambitions and actions in the plan are clinically led and are informed by evidence and feedback from across UHL. The plan recognises the importance of:

Productivity- making our processes as efficient as possible

Capacity- ensuring we have the right capacity in place

Partnership- building strong links with our partners

9. Patients, in general, are receiving their care sooner now than they were 12 months ago. With the plans we have in place, we believe we will be able to say this again in 12 months' time.

Elective Recovery

104-week waits position

10. In February 23, UHL had the 6th highest number nationally of 104+ week waiters. By March UHL was no longer in the top 25 of Trusts with reporting a month end position of 2. By 1st July the Trust expects to have no patients waiting longer than 2 years.

78-week wait position and forecast

11. The Trust is working towards getting to a zero position for patients waiting over 78 weeks by the end of June. However, there is significant risk within this position that is currently being worked through. Some of this risk relates to the latest planned Industrial Action.

65-week wait position and forecast

12. The 65+ week waits position is ahead of plan, achieving zero in March 2024. Work continues at pace to bring this timeline forward.
13. Outpatient recovery and transformation plan is critical within this aim, given the non-admitted PTL (Patient Tracking List) makes up 85% of the elective backlog.

Diagnosics

14. Fundamental to elective recovery is progress being made on diagnostic performance.
15. In October 2022 UHL had the largest and longest diagnostic waiting list in the country. By the end of April 2023 there has been a 25% reduction in the overall waiting list and long waits have reduced by c.38% for 6+ week waits and 50% for 13+ waits. Based on March published data UHL would be ranked fifth highest on size of waiting list and fourth highest for 6+ and 13+ week.

16. This improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting list in Radiology, ECHO and Endoscopy. Improvement schemes are continuing whilst building a case(s) for sustainable capacity where needed e.g., National Investment in Endoscopy.
17. Progress continues to be made on establishing a second Community Diagnostic Centre at Hinckley. A more detailed report on this will be presented at the next meeting.

East Midlands Planned Care Centre (EMPCC) opened 1st June 2023

18. A key part of our plan for 2023/24 is the opening of the EMPCC. The first patients were operated on in the EMPCC at Leicester General Hospital, on 1st June 2023.
19. The opening consists of two modular theatres build next to the former Brandon Unit. These theatres are 'phase one' of the East Midlands Planned Care Centre and will treat approximately 1,500 additional patients in the first year.
20. 'Phase two' of the EMPCC programme will involve a refurbishment of the Brandon Unit, including the development of wards protected for planned care patients, as well as fourteen outpatient rooms and four clean procedure rooms. When 'phase two' is completed in late 2024, around 100,000 patients per year will be seen in East Midlands Planned Care Centre.
21. This additional capacity will complement our existing capacity across all of our sites – including our community hospital sites. All of our sites will play a key role in reducing our waiting lists.

Summary

22. There continues to be good progress made on the reduction of those patients waiting longest for definitive treatment.
23. In April 2023, the LLR launched the Planned Care Partnership (one of eight partnerships established across the system). The Partnership aims to oversee and support the delivery of the 2023/2024 operational performance plan and strategic plans for Electives, Diagnostic and Cancer and to work in partnership with health and social care partners, maximising opportunities for collaboration and development of services on a local and place-based footprint across the East Midlands.

Officers to Contact

Executive Lead

Jon Melbourne, Chief Operating Officer, UHL
Jon.melbourne@uhl-tr.nhs.uk
















Operational Leads

Siobhan Favier, Deputy Chief Operating Officer,
UHL
siobhan.favier@uhl-tr.nhs.uk

Appendix 1

Improving Planned Care
Our plan for 2023/24



Productivity	Capacity	Partnership
<p>Making our processes as efficient as possible</p>	<p>Ensuring we have the right capacity in place</p>	<p>Building strong links with our partners</p>
<p>Improving patient communication using technology like two-way text messaging</p> 	<p>Opening the East Midlands Planned Care Centre at the LGH in June 2023</p> 	<p>Working with Primary Care to double the referral support service from 3 to 6 specialties</p> 
<p>Increasing Patient Initiated Follow Ups (PIFU)</p> 	<p>Progressing a second Community Diagnostic Centre at Hinckley</p> 	<p>Improving equitable access to care through our health inequalities programme</p> 
<p>Using Getting It Right First Time (GIRFT) methodology</p> 	<p>Increasing diagnostic and elective capacity, including, including Endoscopy at LGH</p> 	<p>Strengthening relationships with neighbouring Trusts and increasing activity at our community sites</p> 
<p>Extending the range and increasing the rate of day case procedures</p> 	<p>Replacing 2 Linear Accelerator machines in September 23 and April 24</p> 	<p>Embedding service innovations like Tele-Dermatology</p> 
<p>Delivering improved theatre productivity through initiatives including 6 -4-2</p> 	<p>Increasing our Surgical Robotic Capacity</p> 	<p>Collaborating with the East Midlands Cancer Alliance and Clinical Networks</p> 

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