Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 13 September 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 You Tube at https://www.youtube.com/@committeemeetingsatleicest9269/playlists

Item		Report by
1.	Minutes of the meeting held on 14 June 2023.	(Pages 5 - 12)
2.	Question Time.	
3.	Questions asked by members under Standing Order 7(3) and 7(5).	
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5.	Declarations of interest in respect of items on the agenda.	
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	
7.	Presentation of Petitions under Standing Order	

35.

8.	Review of Homeless Support Service.	Director of Public Health	(Pages 13 - 20)
9.	Public Consultation - Proposed changes to maximise access to health services for the local community in Lutterworth.	Integrated Care Board	(Pages 21 - 32)
10.	Health Performance Update.	Chief Executive and ICS Performance Service	(Pages 33 - 48)
11.	Noting the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee.		(Pages 49 - 52)

12. Date of next meeting.

    The next meeting of the Committee is scheduled to take place on Wednesday 1 November 2023 at 2.00pm.

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 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?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 14 June 2023.

PRESENT

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

In attendance
Mrs. L. Richardson CC – Cabinet Lead Member for Health.
Sarah Prema, Chief Strategy Officer, Integrated Care Board (Item 10 refers).
Adam Andrews Deputy Director of Planned Care, Leicester, Leicestershire and Rutland (LLR) (Items 10 and 11 refer).
Siobhan Favier, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (Item 11 refers).

1. Appointment of Chairman.

RESOLVED:

That Mr. J. Morgan CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2024.

Mr. J. Morgan CC in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mrs. B. Seaton CC be appointed Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2024.

3. Minutes of the previous meeting.

The minutes of the meeting held on 1 March 2023 were taken as read, confirmed and signed.

4. Question Time.

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

5. Questions asked by members.

The Chief Executive reported that seven questions had been received under Standing Order 7(3) and 7(5), all from Mrs. A. J. Hack CC.

Questions by Mrs. A. J. Hack CC:

There was a report on screening that came to Health Scrutiny last June and 12 months on I have a few follow up questions:
https://politics.leics.gov.uk/documents/s169502/Screening%20Report%20HOSC%20150622%20V2.pdf

Breast Screening

1. The report indicated that Breast Screening was expected to report as recovered in July 2022. Was this target met?
2. Have all of the community locations that were in existence prior to the Pandemic for Breast Screening been re-established? If not which ones have not returned?
3. What % of women taking up the opportunity to attend breast screening, are attending?
4. Are there areas of the County where take up of breast screening is low?
5. In addition, Breast Cancer screening (as well as Cervical Cancer coverage) was highlighted to have declined for 5 months in the most recent performance report sent to Health Scrutiny in March, what work has been done to improve screening rates?

Bowel Screening

6. The report highlighted that there was a change in age for screening to start from 50 rather than 56 and that this objective would be achieved by August 2022, was this key date met?
7. In light of Bowel Screening changing to 50, what has been the take up in this age category?

Reply by the Chairman:

I have forwarded your questions to NHS England who are responsible for commissioning the National Screening Programmes and they have provided me with the following answers:

Breast Screening

1. The Breast Screening service was able to recover in June 2022, which meant it had cleared the backlog that that built up because of the Covid-19 pandemic. In addition to this achievement, of the screening round length – women called for their repeat screening within 36 months of their previous screen - is over 97% - this is the other measure of recovery and is linked to patients being invited in a timely manner.

2. The programme operates on a 3-year screening cycle and calls women based on the GP they are registered with – this means that the mobile vans will be located in the most appropriate locations for the population who are being called at that time. Now that the service is fully up and running again, all available locations will be used for screening. In addition to this the programme has received additional

resources for an additional new mobile screening unit to be brought online from October 2023 with locations still to be determined.

3. The most recent data is to the end of March 2023 and that figure was 61.7% uptake for the programme, which is an improvement on previously reported figures.

4. The latest available data we have access to at lower tier local authority data is from October 2022 – this indicates uptake at the following levels:
- Oadby and Wigston 62.8%
- Hinkley and Bosworth 66.6%
- North West Leicestershire 66.7%
- Charnwood 67.3%
- Harborough 68.9%
- Blaby 69.9%
- Melton 72.9%

This information would indicate that Oadby & Wigston has a lower rate than other areas in the County, but if we compare this to Leicester City which was at 44.4% for that period then the position does not seem to be a cause for concern. The nationally derived achievable standard is 70% and work is ongoing locally and with national support/focus to increase uptake.

5. Uptake rates for a number of screening programmes is challenging and this is often replicated across England. Both screening programmes highlighted fully participate in the national awareness weeks that take place annually and continue to constantly monitor uptake and look at ways of targeting areas of declining uptake. Examples of this are a targeted campaign to highlight the importance of breast screening for people with a learning disability and additional access for cervical screening via sexual health clinics and targeting areas with low uptake.

Bowel Screening

6. The reduction in the age for the eligibility for bowel screening is being phased over a 4-year period, with this being completed by March 2025. The August 2022 date was for 58-year-olds to be introduced into the programme, however due to ensuring that the service was in a position to take on these additional patients the actual go live date was the 17 October 2022. 54-year-olds will be eligible to be part of the programme this year and for Leicestershire the plan is that this will commence in September / October 2023 if not earlier.

7. The most recent available data is up to quarter 4 for the 2022/23 financial year – end of March 2023. This shows the uptake for the original age cohort of 60–74-year-olds at 67.48%, the 56-year-olds at 58.72% and for the 58-year-olds this is at 54.97%. The trend of a reduction in uptake as the age cohorts are being rolled out is being seen across England. It is the view that this will continue as the reduction in age to 50 progresses and will be monitored closely.

6. Urgent items.

There were no urgent items for consideration.

7. 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 10: Hinckley Community Diagnostics Centre Update and agenda item 11: Restoration and Recovery of Elective Care, as she had two close relatives that worked for the NHS.

8. Declarations of the Party Whip.

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

9. Presentation of Petitions.

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

10. Hinckley Community Diagnostics Centre Update.

The Committee received a verbal update from the Integrated Care Board regarding the proposals to build a new Community Diagnostic Centre (CDC) and a Day Case Unit on the Hinckley and District Hospital (Mount Road) site.

The Committee welcomed to the meeting for this item Sarah Prema, Chief Strategy Officer, Integrated Care Board, and Adam Andrews, Deputy Director of Planned Care, Leicester, Leicestershire and Rutland (LLR).

As part of the verbal update the following information was provided:

(i) Government funding of approximately £14.5 million had been confirmed for the CDC. The CDC would provide the following diagnostic procedures:
- CT scans;
- MRI;
- X-ray;
- Ultrasound;
- Cardio-respiratory;
- Audiology;
- Dermatology;
- Phlebotomy;
- Endoscopy.

(ii) It was anticipated that the CDC would undertake approximately 89,000 activities a year.

(iii) The building work for the CDC was expected to be complete by November 2024 and the first patients would arrive in December 2024.

(iv) There had also been £7.35 million of funding allocated by NHS England in the national capital plan to replace the existing Day Case Unit at the Mount Road site. The new unit would provide the services that were currently on the site of Hinckley and District Hospital plus additional procedures. To secure the funding a business

case would be submitted to NHS England by the end of July 2023 for approval, and value for money had to be demonstrated in the business case. The new Day Case Unit was expected to open sometime in 2025.

Arising from further discussions the following points were made:

(i) Although the public consultation had finished there would be two further opportunities for the public to submit their views; in 6 months' time and immediately before the CDC opened.

(ii) In response to questions about when the building work on the site would start and what milestones were in place for the construction, it was agreed that a detailed timeline of the construction work would be provided to members after the meeting and the Board would be kept updated on how the construction work was progressing.

(iii) In response to a request as to how many new staff would be needed for the CDC it was agreed that this information would be provided after the meeting. Reassurance was given that there was enough time to recruit new staff and staff were attracted to working in new buildings which boded well for the new Hinckley Community Diagnostic Centre. Liaison was taking place with other Integrated Care Boards and health providers across the region to ensure that there was adequate staff across the region and that recruitment in one place did not cause staffing issues elsewhere.

(iv) In response to a question from a member about the employment packages being offered to staff to encourage them to work in Hinckley it was explained that the health and wellbeing of staff was being prioritised in order to help staff retention, and other incentives were being considered such as free parking and extra training and career development opportunities. The Committee offered to help publicise the new CDC and the employment opportunities that were available there.

(v) The proposals for Hinckley were similar to those currently in operation in Loughborough but not exactly the same because different localities required different workforce models. It was agreed that further information would be provided after the meeting regarding the differences between the services at Hinckley and Loughborough.

(vi) A member raised concerns about whether the proposals were ambitious enough going forward and whether they covered a far enough period into the future. In response reassurance was given that the new buildings were designed to be flexible so they could adapt to future developments. Medicine was always evolving, for example procedures which were required to be carried out in operating theatres in the past no longer required a theatre and procedures which previously had to be carried out under general anaesthetic could now be carried out under local anaesthetic.

(vii) The bid for funding was dependent on it being demonstrated that the scheme would result in extra capacity in the system. Reassurance was given that the extra capacity at Hinckley would not result in less capacity elsewhere in LLR. There would be overall growth in capacity across LLR, though it would vary across the different sites.

RESOLVED:

(a) That the contents of the verbal update be noted;

(b) That officers be requested to provide a further update to a future meeting of the Board.

(Note: After the meeting the Integrated Care Board clarified that the Day Case Theatre at Hinckley would be able to undertake the same type of procedures as currently undertaken at Loughborough. The table below identifies the types of specialities currently undertaken at Loughborough and those planned for Hinckley.

Loughborough	***Hinckley***
General surgery	*General surgery*
Ophthalmology	*Ophthalmology*
Gynaecology	*gynaecology*
Podiatry surgery	*Podiatry surgery*
Orthopaedics	*Orthopaedics*
	plastics
	Vascular
	Urology

End of note.)

11. Restoration and Recovery of Elective Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the elective care recovery progress for the patients of LLR. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Siobhan Favier, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (UHL) and Adam Andrews, Deputy Director of Planned Care, LLR.

Arising from discussions the following points were noted:

(i) During the Covid-19 pandemic the LLR elective care waiting list had doubled which was a far larger increase than most other trusts experienced during the pandemic.

(ii) Most cities had an Urgent Treatment Centre as well as an acute hospital but one of the problems in LLR was that there was no Urgent Treatment Centre in Leicester.

(iii) When assessing the capacity of the elective care system the most important indicator was the rate of growth. However, as there was only one hospital trust in Leicester, Leicestershire and Rutland it dealt with a very large number of patients compared to many other hospital trusts. Therefore, when assessing the capacity of the system it was also important to look at the capacity data as a percentage of the overall population. The good news was that the capacity figures for LLR were improving both overall and in terms of percentage of the population.

(iv) UHL had made significant progress on reducing waiting times for those patients waiting the longest for definitive treatment and had virtually eliminated all patients waiting longer than two years for treatment. A member raised concerns that this reduction could have been achieved by increasing the number of patients waiting shorter periods for treatment. In response it was confirmed that this was not the case and the reduction was across the board. However, the reduction in waiting times for LLR was slowing and therefore more work needed to be carried out to tackle the issue and understand where the demand was coming from. Resources would continue to be invested in elective care waiting times.

(v) Of the 117,318 patients on the waiting list 85% were waiting for a diagnostic procedure rather than a surgical procedure, and not all of them would ultimately require surgery once they had received a diagnosis. It was noted that the public perception of the waiting list was that all those on the list were waiting for surgery. It was more difficult to provide extra capacity on the surgical procedure side than it was on the outpatient diagnostic side.

(vi) A member queried the lack of data in the report regarding the breakdown of the waiting lists and questioned whether this prevented cost-benefit analysis from being carried out. In response reassurance was given that detailed data was held and was available for the public to view. The Committee was further informed that as of 12 June 2023 the elective care waiting list was approximately 116,000, there were 300 patients that had been waiting 78 weeks and above, and 3,000 patients at 65 weeks and above. It was agreed that after the meeting data would be provided to the Committee on how many patients had been waiting between 18 and 24 weeks.

(vii) The Committee was informed that of the outpatient waiting list 60% was made up from the following specialties:

- Gynaecology;
- Ear, Nose and Throat;
- Gastroenterology;
- Ophthalmology.

(viii) In response to a question as to how many new patients were joining the waiting list each year it was agreed that this information would be provided to the Committee after the meeting. Reassurance was given that the increase in capacity was greater than the number of new patients joining the waiting list which resulted in the waiting list decreasing.

(ix) It was not expected that planned strike action would impact on the reduction in the waiting list and it was still expected that the target of having no patients waiting over two years by July 2023 would be met.

(x) Partnership working was taking place with other trusts and independent sector health providers with regards to increasing capacity and reducing the waiting list. Whilst at the moment LLR was receiving more assistance than it was providing, it was hoped that in the future it could be of more assistance to other providers.

(xi) There was a policy in place which gave patients the option of going elsewhere in the country for elective procedures if the waiting time would be shorter. This now included independent providers who had been accredited as well as NHS providers. It was important to manage this process so that patients that were unable to travel elsewhere were not disadvantaged and health inequalities were not exacerbated.

(xii) The new East Midlands Planned Care Centre at Leicester General Hospital had opened on 1 June 2023. It was expected that when 'phase two' of the project was completed in late 2024, around 100,000 patients per year would be seen in the East Midlands Planned Care Centre. In order for the East Midlands Planned Care Centre business case to be approved it had to be demonstrated that the scheme would provide additional capacity. In response to a question as to whether the 100,000 patients to be seen by the East Midlands Planned Care Centre were all additional capacity it was clarified that this could not be confirmed as there were many factors which made up the 100,000 total.

(xiii) In response to questions about staffing of the East Midlands Planned Care Centre reassurance was given that there were plans in place to grow talent and train staff. Recruitment was taking place immediately rather than waiting for the facility to open.

(xiv) The Patient Tracking List (PTL) related to patients on the Referral to Treatment Pathway and it included a clock showing how long they had been waiting.

(xv) The Planned Care Partnership had been set up and two meetings of the partnership had taken place so far. One of the aims was to ensure that the elective care work did not have a negative impact on social care. It was agreed that a representative from Public Health would be invited to future Planned Care Partnership meetings.

RESOLVED:

(a) That the update on the elective care recovery progress for the patients of LLR be noted.

(b) That officers be requested to provide a further update on progress to the Committee in 6 months' time with further detail and breakdown of the waiting list numbers.

12. <u>Dates of future meetings.</u>

RESOLVED:

That future meetings of the Committee 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.

2.00 - 3.15 pm CHAIRMAN
14 June 2023

Agenda Item 8

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 13 SEPTEMBER 2023

REVIEW OF HOMELESS SUPPORT SERVICE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek views of the Committee around the proposed homeless support offer as part of the consultation.

Policy Framework and Previous Decisions

2. The Medium-Term Financial Strategy 2023/24 – 2026/27 (agreed by the Council on 22 February 2023) includes a target of saving £300,000 by 1 April 2024 through a review of homeless support services.

3. The proposal is aligned with the Public Health Strategy ”Delivering good health and prevention services 2022-2027”, the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 “Staying Healthy, Safe and Well”, and the County Council’s Strategic Plan 2022-26, in particular the outcome of ‘Keeping people safe and well: ensuring that people are safe and protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives’.

4. The draft revised model for the delivery of homeless support was considered by Cabinet and it was agreed to commence consultation on 23 June 2023.

Background

5. The Homelessness Reduction Act 2017 amended the Housing Act 1996 to place duties on housing authorities to prevent homelessness and to provide homelessness services to all those affected.

6. Locally, these responsibilities sit with district councils as the Housing Authority. Funding through the Homelessness Prevention Grant has been provided by The Department for Levelling Up, Housing and Communities (DLUHC) to support district councils to deliver against these responsibilities.

7. It is not a statutory duty for the County Council to provide specific services for individuals who are homeless, and the council is not a recipient of grant funding that is focused on preventing or relieving homelessness.

8. The County Council has a statutory duty to take appropriate steps to improve the health of people living in Leicestershire, including the provision of health improvement information and advice and support services aimed at preventing illness.

9. People experiencing homelessness have far worse health and social care outcomes than the general population. The average age of death for the homeless population is around 30 years lower than for the general population.[i] People experiencing or at risk of homelessness are therefore one of several populations of concern for the County Council in terms of their health and wellbeing.

10. The County Council's Medium-Term Financial Strategy 2023/24 – 2026/27 includes a target of saving £300,000 by 1st April 2024 through a review of homeless support services.

11. The Council currently commissions on a discretionary basis a homeless support service which aims to improve the health of this population by providing support to adults who are homeless or at risk of becoming homeless. This is provided for the Council by Falcon Support Services (Falcon) and Nottingham Community Housing Association (NCHA). The contract value is £300,000 per annum and ends on 31st March 2024.

12. The support commissioned from Falcon and NCHA is aimed at adults who are homeless or at of risk becoming so. The key elements of provision include:

    a. A referral hub – to process and assess all referrals received to determine the most appropriate course of action.
    b. In-reach support – provided within hostel accommodation across Leicestershire.
    c. Outreach support – provides services such as telephone support, group work, benefits advice surgeries, signposting, and one-to-one support.

    The service aims to improve the health and wellbeing of those that are homeless or at risk of homelessness. This is achieved by supporting access to health and wellbeing services and by building the resilience of this cohort by supporting independent living and broader welfare rights and tenancy advice. It should be noted that the funding does not pay for the running of homeless hostel buildings. The funding is for the support provision outlined below.

13. Public Health assessed the associated challenges identified around the current provision which were analysed and summarised in the table below:

Provision	**Description of provision**	**Challenges**
Referral hub	Service users and professionals refer into the service via telephone or email. An assessment is carried out and the service user is assigned a case worker.	The service holds a waiting list leading to delays in service users accessing support. There is an eligibility criterion; only those that have a non-priority need can access the in-reach hostel based support

Hostel based (in-reach) support	Support provided within hostel accommodation across Leicestershire.	Limited to 30 service users at any one time. Support offer is concentrated within the Falcon Centre in Loughborough. Support offer is concentrated towards non-priority need individuals. Service is underutilised due to slow move-on of service users into alternative accommodation.
Outreach support	Case worker works with a service user on a short-term basis on any areas where they require support.	Predominantly focused on signposting and providing information and advice. Specific support on areas such as substance misuse is not provided.

Proposals

14. The proposal is for the County Council to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services **where eligibility is wider**.

15. This will be achieved **primarily** through the universal offer of First Contact Plus and the Local Area Coordination service **as opposed to a bespoke offer specifically for individuals who are homeless or at risk of becoming homeless**. First Contact Plus helps adults in Leicestershire to access information, advice, help and support on a range of services. Referrals to First Contact Plus are made via an online form. For those individuals who may have difficulties in self-referring via an online platform, a referral can be made on their behalf by a professional or friend/family member/carer. Local Area Coordinators work with individuals who may be vulnerable or at risk of crisis by building a supportive community around them thereby reducing social isolation.

16. The principles of the future approach centre around the following:

    a. Coverage across the whole of Leicestershire.
    b. Eligibility that includes any individual who is currently homeless or at risk of becoming homeless, irrespective of whether they fall under the priority need group or not.
    c. Access to support via a central point of access.
    d. Support that is tailored to the needs of each individual with no defined timescales for the support offer.
    e. Greater focus on improving the health and wellbeing of individuals.

17. This model will include using First Contact Plus as the referral hub into services which include the following:

- Department for Work and Pensions for support to access the right benefits.
- Citizens Advice for debt management support.
- Community Recovery Team and Local Area Coordination Team for one-to-one support.
- Warm Homes Service for support on housing issues such as damp, mould, draught proofing, and signposting to funding for energy efficiency measures.
- Health and wellbeing services such as smoking cessation, drug and /or alcohol misuse, healthy weight, physical activity, and sexual health services.
- Mental wellbeing services such as Vita Minds (a talking therapies service for low level mental health support).
- Services provided by the Council's Adults and Communities Department, including community support workers and social care.
- Adult Learning and Multiply for support on accessing learning and educational courses, including support on budgeting. Multiply is a programme aimed at helping adults to improve their numeracy skills.

18. Where one-to-one support is required, the Local Area Coordination service is well established within communities and so can meet this need through their links with community groups, drop-in sessions and through the direct provision of one-to-one support. Other services commissioned by Public Health such as the substance misuse treatment service and the sexual health service already provide outreach services on a one-to-one basis.

19. A key strength of this approach is that links can be made to a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals. In addition, this approach enables better links into existing public health services and wider onward referrals including to the district housing authorities.

Consultation

20. Consultation was approved by Cabinet on 23 June 2023. The consultation launched on 28 June 2023 and ran for 10 weeks (closed on 3 September 2023) to seek feedback on the proposed model.

21. The consultation was aimed at the general public, users of the service, service providers, and a range of additional stakeholders including NHS service providers, district councils, voluntary sector providers, and Leicestershire Police. The survey was accessible online on the County Council's website and available as a hard copy on request. An easy read version of the supporting information was also available online.

22. The views of professional and partner stakeholders, as well as current and previous service users and support workers, was captured through:

    a. Discussions at face to face and online information sessions to talk though the proposal and provide information on how individuals could have their say. A total of 5 sessions were held during the consultation period. At the face to face sessions, paper copies of the consultation information were made available to attendees. The information packs included: questionnaire with free post return, supporting information, easy read version of supporting information, and a set Frequently Asked Questions.
    b. Responses to the questionnaire (paper copy and online copy).

c. Receipt of letters from service users.

23. At the time of writing this report, 234 responses to the questionnaire had been received. The majority of responses were received from service users (23%) and employees of homeless support services (24%).

24. Responses to the consultation are yet to be fully analysed. Current feedback indicates: 16% strongly agree or tend to agree with the proposal and 73% strongly disagree or tend to disagree (the remaining 11% neither agree nor disagree). The key points are as follows:-
    a. concerns over changes to support (loss of 1-2-1 support, loss of 24/7 support, loss of support for those with complex needs, loss of targeted support)
    b. concerns over risk of closure of supported accommodation
    c. concerns on the capacity and ability of the proposed provision to deal with the demand
    d. concerns over lack of coordinated approach across organisations
    e. recognition of the need to focus more effort on preventing homelessness
    f. recognition of the need to provide wider access to support (wider geographical coverage, wider range of support that goes beyond housing)
    g. recognition of the benefit of having a simplified single point of contact and avoiding potential duplication of service provision

25. The outcomes of the consultation will be reported back to the Health and Overview Scrutiny Committee at its meeting on 1 November 2023 and will inform the final proposal put forward to the Cabinet on 24 November 2023.

Resource Implications

26. The proposed model has a target of achieving £300,000 per annum which would contribute to the Medium-Term Financial Strategy (MTFS) savings.

27. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

28. The outcomes of the consultation will be reported back to the Health and Overview Scrutiny Committee at its meeting on 1 November 2023.

29. A summary of the consultation findings and a final proposal will be presented to Cabinet on 24 November 2023. If the Cabinet agree to proceed with implementation of the model this would commence - with a new offer from 1 April 2024.

Conclusions

30. The Contract for local authority commissioned homeless support service is due to end on 31 March 2024.

31. Following a review, a proposed model for homeless support has been developed and went out for public consultation.

32. The purpose of this report is to seek the views of the Committee on the proposed model as part of the consultation.

Background papers

33. Report to the Cabinet - Medium Term Financial Strategy 2023/24 - 2026/27 - 22 February 2023
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6913

34. Report to the Cabinet – Review of homeless support services - 23 June 2023
https://politics.leics.gov.uk/documents/s177126/2023.06.23%20Cabinet%20Report%20Homelessness%20Consultation.pdf

Circulation under the Local Issues Alert Procedure

35. None

Equality Implications

36. Under the Equality Act 20210 the County Council is required to have due regards to the need to:
    - Eliminate unlawful discrimination, harassment and victimisation;
    - Advance equality of opportunity between people who share protected characteristics and those who do not; and
    - Foster good relations between people who share protected characteristics and those who do not.

    Homelessness or being at risk of homelessness is not a protected characteristic but there will be people within the cohort who do have a protected characteristic. An Equality Impact Assessment (EIA) has been completed on the proposal currently being consulted on and the impact of a change in service model will be informed by the outcomes of consultation. Initial findings are that the proposal will have a wider reach (wider geographical coverage, and wider eligibility that goes beyond non-priority need individuals) and be able to offer broader support that goes beyond housing need. The post-consultation EIA will be presented to the Health Overview and Scrutiny Committee and Cabinet in November so that it may be taken into account as part of the decision making on this issue in due course.

Human Rights Implications

37. There are no human rights implications arising from the recommendations in this report.

Health Implications

38. It is intended that the proposed model will enable individuals to access a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals.

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[i] NICE guidance, Integrated health and social care guidance for people experiencing homelessness. Published March 2022

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Agenda Item 9

Leicester, Leicestershire and Rutland
Integrated Care Board

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 SEPTEMBER 2023

REPORT OF THE CHIEF STRATEGY OFFICER, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

PUBLIC CONSULTATION – PROPOSED CHANGES TO MAXIMISE ACCESS TO HEALTH SERVICES FOR THE LOCAL COMMUNITY IN LUTTERWORTH

Purpose of the Report

1. The purpose of this report is to consult, as required by law, with the Health Overview and Scrutiny Committee on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community.

Policy Framework and Previous Decisions

2. We propose that a public consultation will commence for a 12-week period commencing on 23 October 2023 and will run until 14 January 2024. This is subject to final approval by NHS England and NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB).

3. The LLR ICB has a legal duty to consult on the plan for Lutterworth, as set out in the National Health Service Act 2006 and are leading the process in partnership with Leicestershire Partnership NHS Trust (LPT).

4. The public consultation is in line with the Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015).

5. The consultation provides a wide range of opportunities for interested persons to participate, including both online and offline. The purpose of consultation is to:

   • Give people a voice and opportunity to influence final decisions.

- Inform people how the proposal has been developed.
- Describe and explain the proposal.
- Seek people's views and understand the impact of the proposal on them.
- Ensure that a range of voices are heard which reflect the diverse communities involved in the consultation.
- Understand the responses made in reply to proposals and take them into account in decision-making.

ICB duty (s14Z2)

6. In undertaking a public consultation, the Integrated Care Board is fulfilling a duty to involve the public. In looking specifically at the duty which statute has placed on Integrated Care Board, the s.14Z2 of the NHS Act 2006 (as amended) states:

Public involvement and consultation by Integrated Care Boards:

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements")

2) The Integrated Care Board must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the board,

(b) in the development and consideration of proposals by the board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Background

7. The NHS of the future will be fundamentally different from the NHS of today. This is partly due to the huge and existing possibilities for continuing advancement in medical treatments and better care outcomes for people.

8. It will also be due to the NHS response to the challenges we face. For example, people are currently waiting longer for a diagnosis and treatment. Access to services is sometimes difficult and the NHS is trying to ensure it can cover the cost of providing high quality services with a well-trained workforce.

9. In addition, the NHS is planning for population growth while making sure that people have equal access to services. This situation is very relevant to Lutterworth, as it is expected that the population will significantly increase in the near future.

10. We therefore need plans to tackle these current and future challenges. In response the NHS proposes to increase the number of health services available to people in Lutterworth and join care up to improve patient experiences and improve the health and wellbeing of the local population.

11. We started conversations pre-pandemic with people in Lutterworth about physical and mental health services and this has continued into 2023. We have listened to what people have told us about their experiences of services and what matters to them.

    People told us:

- *"I need staff to understand me and my family and friends and to focus on my care needs."*
- *"I want to live the best life I can, achieve my goals and live independently.*
- *I need staff to work together to help me achieve my goals and meet my needs."*
- *"I want services to be easy to access and to understand how I can receive more information, so I am confident to care for myself."*
- *"I would like as much care as possible to be provided near to where I live and be organised around my needs and the needs of my local community."*
- *"As a carer, I need support to care for my loved one and not have to tell my story a number of times."*

12. A range of health services are currently delivered in Lutterworth, from a variety of locations and by several different providers.

13. Lutterworth Medical Centre is on Gilmorton Road. There are two GP practices within the medical centre: Wycliffe Medical Practice and The Masharani Practice. The two Lutterworth practices serve just over 17,000 registered patients. Both practices work with other GP practices through a Network called the South Blaby and Lutterworth Primary Care Network. There are 5 GP practices in the Network.

14. Community Health Services cover a wide range of care for people from their birth to end of life. Community health teams play an important role in supporting people with complex health needs to live independently in their own home for a long as possible. Many services involve staff working in partnership across health and social care teams. These partnerships are made up of lots of professionals

including community nurses, district nurses, therapists and social care workers.

15. Many Community Health Services are provided at several locations in Lutterworth including in peoples' homes, care homes and at the GP practices. They are also provided at Feilding Palmer Hospital, which is owned by Leicestershire Partnership NHS Trust. The services delivered out of the hospital are provided by staff from both Leicestershire Partnership NHS Trust and University Hospitals of Leicester.

16. Prior to the pandemic the following services were provided in Feilding Palmer Hospital, however, there was a limited number of sessions held. For example, cardiology services were only provided monthly and general surgery was provided twice a month:

- Abdominal aortic aneurism screening;
- Dermatology;
- Dietary;
- ECHO;
- Gynaecology;
- Heart Failure;
- Mental Health;
- MSK Physiotherapy;
- Out of Hours;
- Paediatrics;
- Parkinsons care;
- Psychiatry;
- Psychiatric Nurse service;
- Speech and Language Therapy (adults and children);
- Stoma.

17. The pandemic meant we had to dramatically change services to stop the virus from spreading, so many services ceased. However, many services are running again. Currently provided in Feilding Palmer Hospital either on monthly or bi-monthly basis are:

- Abdominal aortic aneurism screening;
- ADHD (attention deficit hyperactivity disorder);
- Dermatology;
- Dietary;
- General Surgery;
- ECHO (Echocardiogram);
- Heart Failure;
- Mental Health;
- MSK Physio;
- Out of Hours;
- Paediatrics;

- Parkinsons care;
- Psychiatrics;
- Psychiatric nurse;
- Pulmonary and Cardio Rehabilitation;
- Speech and Language Therapy (adults and children);
- Stoma;
- Walking aid clinic.

18. There were also beds for overnight stays provided at Feilding Palmer Hospital called Inpatient beds. They were provided in one ward which had 10 beds. One of the beds was in a suite and was used for caring for terminally ill patients, known as palliative care. These beds have remained closed as the building no longer meets Infection, Prevention Control Inpatient standards which help prevent infections and harm to patients.

19. There are several providers of social care services which provide personal care and practical assistance to meet the needs of people in Lutterworth. These services are provided by four care homes. There are also four organisations providing services in peoples' homes.

20. People are also receiving care from other social care providers outside of Lutterworth including in the wider districts of Harborough and Blaby.

21. Leicestershire County Council also provide services in Lutterworth and surrounding areas. They include:

    - Home Assessment and Reablement Team (HART) service which is a short-term domiciliary care service supporting someone in their own home. It is designed to help people develop the confidence and skills they need to live as independently as they can. It supports people to do social care tasks for themselves, rather than doing it for them, including personal care (washing and dressing) and preparing food and drink. This service is available for people to prevent them being admitted to hospital as well as those who are being discharged from hospital.
    - Crisis Response Service is a short-term service which supports people who are experiencing a health or social care crisis within their own home and without help, they may be admitted to hospital or a care home. The service is available 24 hours, 7 days a week helping people to remain independent and living at home. The service is short term and is only available for a maximum of 3 days.

Reasons for making improvements to services in Lutterworth

22. There are a number of key reasons why services need to change and improve:

23. **The population's health and care needs are changing.** Overall, people are living longer and there are fewer people dying from conditions such as cancer and heart disease. However, the number of people living with more than one health condition has increased and this puts pressure on health and social care services.

24. **The population in Lutterworth is growing.** There will be a significant growth in the population of Lutterworth in the next few years, with an estimated 2,750 homes being built. A younger population of families are expected to move to the area. They will require outpatient (an appointment in a hospital or clinic, but you do not stay overnight), diagnostic (a test or procedure to identify a disease or condition a person maybe suffering from) and GP services, rather than intensive treatment and rehabilitation provided in an inpatient bed, often required by older people.

25. **Feilding Palmer is no longer fit for the 21st Century.** Fielding Palmer Hospital is poorly laid out, with no single sex wards and shared bathrooms for males and females. Disability access is restricted in some areas and the building is not suitable for inpatient care (overnight stays). There is no privacy and dignity for patients, and corridors are narrow and unsuitable for trollies and bed movements. The building does not meet the required infection prevention and control standards. There is also inadequate ventilation and internal damage to the roof.

26. **More services are being provided at home or in the place people call home.** Since the pandemic, more care has been provided at home or in a residential home. This is helping people regain some of their independence and avoiding the decline in physical abilities that can happen in hospital. Palliative care (end of life care) is also provided at home, in a care home or in a LOROS hospice. We would continue this service as it has allowed people to stay where they feel most comfortable - surrounded by memories and the people they love, rather than in hospital.

27. **Lower numbers of people from Lutterworth and immediate surrounding areas were using inpatient beds at Feilding Palmer Hospital.** Inpatient beds were closed temporarily during the pandemic. They have not reopened as they do not meet Infection Prevention Control standards. The number of people using Feilding Palmer Hospital for overnight stays pre-pandemic had declined year on year since 2019. More residents of Lutterworth and South Blaby chose other community hospitals rather than Feilding Palmer. A higher number of people are also choosing to receive care at home.

28. **There are long waits for diagnosis and treatment.** We have longer waiting lists and people living in and around Lutterworth are travelling out of the area to receive a diagnosis and treatment. This could be done locally by changing the way we use Feilding Palmer Hospital.

This would reduce the traumatic burden of travelling, reduce the carbon footprint and shorten waiting times.

29. **Our community services are not joined up.** People tell us that communications and relationships between services need to improve, particularly when people transfer from one service to another. More services at Feilding Palmer, which is next door to two GP practices and a pharmacist, would help with some of the communications problems that exist.

30. **Inpatient care was expensive.** Even with only 10 inpatient beds in Feilding Palmer Hospital, minimum staffing requirement must be met. This means the nurse-to-patient ratio at the hospital was similar to that of an Intensive Treatment Unit, which is a special ward providing intensive care for people who are critically ill.

The proposed improvements

31. To respond to the changing needs of people, we propose to significantly expand the number of health services available in Feilding Palmer Hospital by using the space in the hospital differently. We would permanently take out the inpatient beds and provide this care at home, in a care home, or another community hospital.

32. We would use the vacant space to:

- **Increase the number of appointments for diagnosis or treatment of many conditions.** This means approximately 17,000 outpatient and diagnostic appointments would be provided each year in a refurbished Feilding Palmer Hospital. This would reduce the burden of people travelling a long way into places like Leicester and car parking would be easier. It is estimated that the number of miles travelled by people would reduce by 200,000 per year.

  Over 25 branches of medicine covering a whole range of conditions would be diagnosed and treated locally. This includes conditions associated with skin, hearing, balance, eyes, mental health, reproduction, breathing, lungs and many more;

  - AAA screening;
  - ADHD;
  - Cardiology;
  - Dermatology;
  - Dietary;
  - ECHO;
  - General internal medicine;
  - General surgery;
  - Gynaecology;
  - Heart Failure;
  - Mental Health;
  - MSK Physio;
  - Ophthalmology;
  - Out of Hours;
  - Paediatrics;

- Parkinsons care;
- Psychiatrics;
- Psychiatric nurse;
- Pulmonary and Cardio Rehabilitation;
- Respiratory medicine;
- Rheumatology;
- Speech and Language Therapy - Adult and Children;
- Stoma;
- Trauma and orthopaedics;
- Urology;
- Walking aid clinic.

In addition, as many of the services as possible would be provided as a 'one-stop-shop', reducing the number of times a patient needs to attend appointments.

33. We would provide inpatient services in a better way:

- **More inpatient care (overnight stays) would be provided at home or in the place people call home.** The residents of Lutterworth would be assessed at home by health professionals so they avoid illness or a deterioration in their health. People living with a long-term condition would be supported to manage their own care and avoid an urgent hospital admission.

  When there is a requirement for an urgent and immediate response this will be delivered by skilled specialists either at home or in a community location.

  Where there is a need for a hospital stay, people will be returned home where possible or into a community facility where they will be rehabilitated to give them every chance of recovery and getting back to living independently.

  People who are, sadly, at the end of life would be supported at home, in a hospice or in a care home.

34. We would provide more care from your GP practice:

- Work is already underway to expand and transform GP practice services that support the proposals. Groups of GPs work through a network called the Primary Care Network which has a wider team of health professionals that have become involved in patients' care. This includes clinical pharmacists, physiotherapists, physician associates, community paramedics and social prescribing link workers, who look after patients day-to-day. GP practices have also increased their opening hours and provide services from 6.30pm until 8pm Monday to Friday and 9am until 5pm on a Saturday. Practice staff also work with other health, social care and the voluntary sector professionals to plan the care patients need and prevent ill-health.

35. Overtime, the healthcare improvements being made in Lutterworth would result in the creation of a Lutterworth Health Campus. This means more services would be provided on the site on Gilmorton Road. Health and care teams from GP practices, social care, mental health teams, community teams will be working in very close proximity with each other. This will improve relationships and communications and join services up, which will benefit patients and services users.

Consultation Activities

33. The ICB has continually enhanced mechanism for involving people in order to fulfil our duty and to continue to exercise our functions.

34. In outlining the activities for involving people, we have paid due regard and consciously considered the equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.

35. Early proposals for Lutterworth were developed as far back as 2016 and were part of the Sustainability and Transformation Partnership. These plans have been updated and refined, particularly in the light of the pandemic.

36. Patient and public engagement has taken place over a number of years. Public and patient participation has been refined over time with the NHS doing more work to understand the needs of local population and share the insights, learning and business intelligence to inform design and delivery of care. Ultimately to improve the lives of local people, improving their health and wellbeing.

34. Leadership of the programme has been through the Lutterworth Plan Steering Group, founded in June 2021. The group comprises of key stakeholders and was formed to work in partnership to develop a plan for Lutterworth to meet the future needs driven by the significant housing growth expected in the area.

35. The group has co-designed the plan for Lutterworth and has grown over time and comprises of representatives from:

- Local primary care;
- Lutterworth Town Council;
- Harborough District Council;
- Leicester Partnership Trust;
- Mary Guppy Group (Patient/Public representatives);
- MPs office;
- Leicestershire County Council.

36. The plan has the full support of local clinicians including those from local GP practices and from Leicestershire Partnership NHS Trust.

37. The plan has also been reviewed by the East Midlands Clinical Senate, comprising of independent clinicians and subject specialists. They have provided their assurance of the plan.

38. In order to stimulate further engagement and co-design the public consultation and engagement, a Task and Finish Group was established in February 2023. The group comprises of representatives from:

- Lutterworth Hospital Campaign Group x 3 members;
- Lutterworth Town Council x 5 members;
- Masharani Practice Patient Partnership Group x 1 member;
- Wycliffe Practice Patient Partnership Group x 1 member;
- Leicestershire County Councillor x 1 member;
- Harborough District Councillor x 2 member;
- Rural Community Council (voluntary and community sector) x 2;
- MPs office x 1 member;
- Leicester Partnership NHS Trust x 1 member;
- U3A (voluntary and community sector) x 1 member.

37. In the context of the Lutterworth public consultation, we would use a multi-channel approach in exercising our statutory functions:

- Undertake face-to-face communications and engagement activities to reach people who may not be digitally enabled or active. This includes attending events, hosting focus groups and conducting one-to-one interviews.
- Produce information on-line and in hard-copy format including a leaflets and booklet including the questionnaire. We would also produce an Easyread booklet and questionnaire and video content.
- Commission voluntary and community organisations to reach out to seldom heard and often overlooked communities to encourage and support them to participate (with a focus on protected characteristics of age, race, disability, pregnancy/maternity, sexual orientation).
- Host drop-in event weekly to help people complete a questionnaire.
- Media coverage in local print and broadcast media.
- Advertorials in a number of community magazines and newsletters across Lutterworth and Harborough District e.g. Swift Flash.
- Widespread utilisation of social media, including local NHS-owned platforms, Spotted and community target users of Facebook and Twitter. Activity and reach across all main social media platforms for organic promotion.
- Drop-in events hosted for the public, as well as events for specific communities/organisations including Parish Councils, Patient Participation Groups, GPs and other stakeholders.
- Attend hosted by voluntary and community groups (online and offline) including public events in community spaces such as churches, libraries and community centres, as well as targeted groups.
- Staff events (online and offline).

- Children and young people focused engagement activities.
- Working with Lutterworth Town Council and Harborough District Council to share key messages throughout the campaign with residents via their own email lists and social media.
- Briefings MP and councillors providing information about the proposals, the consultation, and asking for any support in dissemination within their community.
- Email marketing throughout the consultation to voluntary and community sector groups, schools and key business.
- Posters and information provided across the area including local community venues including libraries, churches, community centres, local shops and businesses, GP surgeries and pharmacies.

38. To ensure that we are reaching out to all communities we would undertake a mid-point review during the consultation. If required, we adjust activities.

34. The consultation responses from the various online and offline responses will be logged, analysed, and evaluated independently. A report of the evaluation and analysis will be produced and submitted to the ICB Board in public to support a final decision to be reached. This decision will be shared widely, including with the Health Overview and Scrutiny Committee for Leicestershire.

Equalities and Human Rights Implications

35. The consultation takes account of the range of legislation that relates to ICB decision making including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles
- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012
- Communities Board Principles for Consultation

Recommendation

39. To discuss and provide feedback on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community.

Officer to contact

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 13 SEPTEMBER 2023

REPORT OF THE CHIEF EXECUTIVE AND ICS PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data in August 2023.

2. The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Collaboratives.

3. An update is provided on the NHS System Oversight Framework and local performance reporting. The report contains the latest available data for Leicestershire and Rutland on a number of key performance metrics (as available in August 2023) and provides the Committee with local actions in place.

Background

4. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the ICS Commissioning Support Unit Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

Changes to Performance Reporting Framework

5. A number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take account of system developments, as well as any particular areas that the Committee might wish to see included.

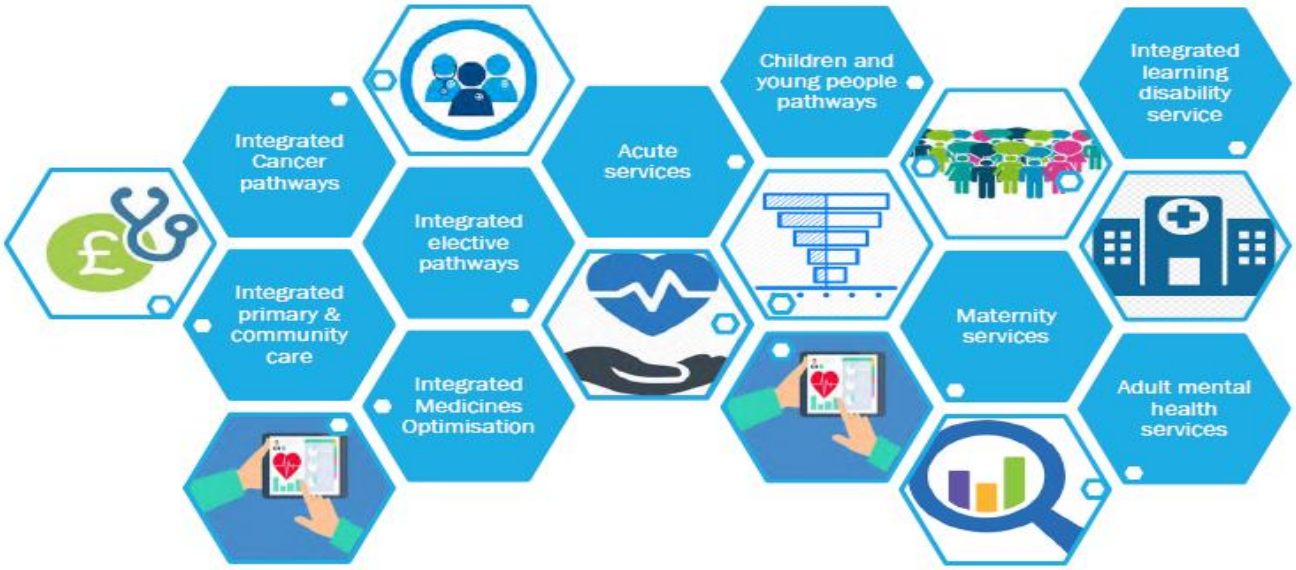
6. The following 4 areas therefore form the main basis of reporting to this Committee:
    a. ICB/ICS Performance
    b. Quality - UHL Never Events/Serious incidents
    c. Leicestershire Public Health Strategy outcome metrics and performance
    d. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Collaboratives

7. The Integrated Care Board (ICB) was formally established on 1st July 2022. This is the health element of the Integrated Care System (ICS), which works with providers and partners to take decisions about how health and social care services are coordinated.

8. In line with the National Quality Board requirements the LLR ICB has reviewed the governance structures in place. Since July 2022 there has been a System Quality Group who meet and report into the Quality and Safety Committee around quality issues and topics. Performance is reported into the System Executive Group and escalated into the Integrated Care Board.

9. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Collaboratives. These are system groups; planning, designing and transforming services. They take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below.



NHS System Oversight Framework

10. The ICB Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards.

11. An update is provided relating to the NHS System Oversight Framework and local performance reporting. The report contains the latest available data for Leicestershire and Rutland on a number of key performance metrics (as available on 22nd Aug 2023) and provides the Committee with local actions in place.

12. Leicestershire cannot currently be identified separately to Rutland for many performance metrics, as national reporting is only publicly available at sub-ICB boundaries (the former CCG boundaries of West Leicestershire and East Leicestershire & Rutland) or at ICB (Leicester, Leicestershire & Rutland) level. Though work is continuing to be able to provide disaggregated figures in the future.

13. A monthly performance report is presented to the System Executive Committee (SEC) and Delivery Partnership and submitted to the Governing Body. It is based on 31 National NHS Objectives. 18 of the objectives are reported on and a further 13 are in development. In addition, the LLR position within the NHS Oversight framework is also reported. This benchmarks the Integrated Care Board (ICB) against over 60 KPIs and includes the best and worst ten rank positions when LLR is compared to England as a whole. This was last presented on 25 August 2023 to the LLR ICB System Executive Committee and LLR Delivery Partnership.

14. Further details on the NHS System Oversight Framework can be found on https://www.england.nhs.uk/nhs-oversight-framework/

15. Performance reporting is also a key element of the Collaboratives and Design Groups, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year. The following table provides an explanation of the key performance indicators, the latest performance for Leicestershire and Rutland (as available in August 2023) and details of some local actions in place.

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	**National Target >95%** **July 23** **LLR Urgent Care Centres only** 99% (11,563 pts seen / treated in Jul 23)	Root Causes - • Crowding in ED due to chronic and sustained lack of flow • High inflow of walk-in patients impacting on ambulance arrivals • UHL bed occupancy >92% • Poor outflow across the emergency care pathway Actions: -

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	**UHL A&E only** 61% (21,239 pts seen / treated in Jul 23) **University Hospitals of Derby and Burton** 72% **George Eliot** 75% **University Hospital Coventry and Warwickshire** 74% **North West Anglia NHS Foundation Trust** 68%	• LRI's Minor Injuries and Minor Illness (MIaMI) agreement to extend opening. • Emergency flow action plan focus on non-admitted breaches with twilight flow co-ordinator presence. • Extension of GPAU (GP Assessment Unit) • Extension of discharge lounge at LRI • Redirect patients to UTC, SDEC's and Walk in Centres. 80% of LLR residents use Leicester Royal Infirmary for their A&E service. The remaining 20% access A&E hospital services outside of Leicestershire (Coventry & Warwick, Derby & Burton, etc). The data shown is for ALL patients attending and cannot be split by LLR patients.
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**National Target >92%** **Leicestershire & Rutland patients at all Providers** 54% in July 23 **Total Number of Leicestershire & Rutland patients waiting at all Providers** 92,416 at the end of July 23 **Number of Leicestershire & Rutland patients waiting:** **Over 52weeks** 6,099 at the end of July 23 (4,940 at UHL) **Over 65weeks**	The overall picture for Elective Care remains challenged, however the Trust continue to progress the reduction of those patients waiting longest for definitive treatment. Root Causes: - • Continued growth in demand against significant number of specialities. • Workforce challenges in anaesthetics leading to cancellations of theatre lists. • Estate - lack of theatre capacity and outpatient capacity to increase sessions. • Significant operational pressures due to the emergency demand impacting upon elective activity. Actions: - • Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
	1,577at the end of July 23 (1,273 at UHL) **Over 78weeks** 67 at the end of July 23 (46 at UHL) **Over 104weeks** 0 at the end of July 23	Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programmes. • Increase numbers sent to Nuffield Independent Sector (IS) provider and BMI Park. • Establish future mutual aid requirements to get 78-week position and the 65 weeks for March 2024 Daily monitoring of long waiters on patient tracking list (PTL) with focus on 65- and 52-week waiter cohorts.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations	**National Target >66.7%** **Leicestershire** July 23 **64.3%**	*LLR ICB- All Age Mental Health and Learning Disability Transformation Team* LLR Memory assessment service (MAS) leads have carried out a Dementia RT pathway review, resulting in proposals to improve stages of the pathway. These changes include 1. Shortened MCI pathway developed for patients requiring a follow-up assessment following a deterioration in cognitive health. A Shortened PRISM referral form and shortened assessment. 2. Recommendations to improve GP letters generated by MAS clinic. 3. Improve End of Life patient pathways 4. Ensure the use of the DIADEM tool for patients residing in care homes. The ICB Best Practice group has approved pathway changes, and the MAS team is currently implementing changes. Dementia Assessment Clinics in Rutland, Melton, Charnwood and Hinckley are fully operational. These community-based clinics run 1 day a week and serve to improve patient access to Dementia assessment. There has been a delay in opening clinics at Coalville and Lutterworth; these are due to start in September 2023. Memory Assessment leads are looking into options to expand the MAS workforce which will increase capacity within the team and meet demand at the clinics.

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	**National Target >85%** **Leicestershire & Rutland patients at all Providers** June 23 **44%**	June saw an improvement in UHL's 62-day backlog position after weathering the effects of the cumulative impact of industrial action, also seen across peer group trusts. NHSE and Department of Health and Social Care (DHSC) have agreed to makes changes to the 10 cancer standards. This includes the removal of the two-week wait standard and focus on the Faster Diagnosis Standard. The three performance key measures from October 1st 2023 are: - 1. The 28-day Faster Diagnosis Standard (75%) 2. 62-day referral to treatment standard (85%) 3. 31-day decision to treat to treatment standard (96%) Root Causes: - 62 day and 104-day backlogs have been impacted by industrial action. Constraints including capacity, specifically outpatient, diagnostic and workforce. Workforce challenges including recruitment and lack of Waiting List Initiative activity. Actions: - Continue to clinically prioritise all patients. Clinical review of Patient Tracking List (PTL) to support Urology and colorectal. Independent Sector (IS) now engaged to assist with skin backlog.

Covid Vaccination Uptake

16. The below shows data on the uptake of Covid-19 vaccinations for Leicestershire residents. It shows the latest percentage of people aged 12 and over who have received a booster or third dose of the Covid-19 vaccination. As of 17th August 2023, 76% of residents aged 12 and over had received their booster/third dose of the Covid-19 vaccination. This compares favourably to the Leicester City position of 52% of residents, over 12yrs old, receiving boosters/third dose.

Vaccinations in Leicestershire

People vaccinated

Spring 2023 booster total
59,213

Spring 2023 booster uptake (%)
76

Vaccinations given

Total
1,567,149

Cancer Metrics

17. The latest June 2023 performance for the Cancer Wait Metrics is set out below. The numbers in brackets show the number of patients seen/treated within the relevant time against the total number seen/treated. (*E.g., 1553 ELR patients were seen under the 2ww pathway in June, of which 1241 were seen within 2 weeks (79.91%)).*

Metric	Period	Target	East Leicestershire and Rutland Sub-ICB	West Leicestershire Sub-ICB
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Jun-23	93%	79.91% 1241 / 1553	82.35% 1530 / 1858
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jun-23	93%	0.00% 0 / 2	80% 4 / 5
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jun-23	96%	84.79% 184 / 217	86.43% 172 / 199
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jun-23	94%	74.19% 23 / 31	72.73% 24 / 33
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Jun-23	98%	100% 46 / 46	95.74% 45 / 47
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Jun-23	94%	78.33% 47 / 60	79.25% 42 / 53
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jun-23	85%	44.12% 45 / 102	43.52% 47 / 108
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Jun-23	90%	56.25% 18 / 32	33.33% 3 / 9
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jun-23		71.93% 41 / 57	70.91% 39 / 55
28 Day Faster Diagnosis Standard- two week referral	Jun-23		70.45% 963 / 1367	72.25% 1182 / 1636

Cancer metrics included within the NHS Oversight Framework:

	NHS System Oversight Framework reference	Metric	Threshold	Mar-22	Mar-23	Direction of performance
CANCER	S010a	Cancer 31 day First definitive treatment- Total patients treated for cancer compared with the same point in 2019/20	100%	Mar 21- 70.6% Mar 22- 87%	81.8%	⇧
	S011a	Cancer 62 day waits - Total patients waiting longer than 62 days to begin Cancer treatment (UHL)	N/A	w/e 03/07/22- 12.6% 10/07/22- 13.3% 17/07/22- 13% 24/07/22- 13.4% 31/07/22- 13.7%	w/e 09/07/23- 10.5%	⇩
	S012a	Proportion of patients (%) meeting faster diagnosis standard (All)	>75%	May-21 -81.2% May 22- 73.6%	May- 23 70.9%	⇩

	NHS System Oversight Framework reference	Metric	Threshold	2021-22 Q3	2022-23 Q3	Direction of performance
SCREENING, VACCINATION AND IMMUNINISATION	S048a	Bowel screening coverage, aged 60–74, screened in last 30 mths	Efficiency = 55%; Optimal = 60%	**Sep 2020** Leicester- 50.2% Leicestershire -65.4% **Sep 2021** Leicester- 57.6% Leicestershire-73.5%	**Sep 2022** Leicester -57.6% Leicestershire-74.6%	⇧
	S049a	Breast screening coverage, females aged 53–70, screened in last 36 months	Efficiency = 70%; Optimal = 80%	**Mar 2020** Leicester- 68% Leicestershire- 77.7% **Mar 2021** Leicester -44.3% Leicestershire- 65%	**Mar 2022** Leicester -50.3% Leicestershire- 69.8%	⇧
	S050a	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 year coverage)	Efficiency = 75%; Optimal = 80%	2021-22 Q3 70.5%	2022-23 Q3 69.3%	⇩

Never Events at UHL

18. The table below shows the number of Never Events at UHL over the past 4 years.

Year	Number of Never Events
2022/23	8
2021/22	9
2020/21	7
2019/20	2

19. The extra table below shows the number of Never Events at UHL so far this year.

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD
Never events	0	0	0	1	1

20. The June Never Event related to a retained product post procedure (retained guidewire).

Areas of Improvement

21. Since the last report there are some areas which are worth commenting on that have shown recent improvement:

- the overall increase in the number of General Practice appointments across Leicestershire and Rutland. In June 2023 there were a total of 415,240 appointments, this was more than in June 2021 and June 2022. (A report regarding the Primary Care Strategy will be considered at the meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee on 18 September 2023.)
- the number of patients waiting over 104 weeks for elective treatment has reduced steadily each month and now stands at 0 for July 2023.
- bowel cancer screening rates increased in Leicestershire from September 2021 to September 2022.
- breast screening rates increased in Leicester and Leicestershire from September 2021 to September 2022.

Public Health Outcomes Performance – Appendix 1

22. Appendix 1 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 37 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

23. Analysis shows that of the comparable indicators, 18 are green and 14 amber with no red indicators. There are 5 indicators that are not suitable for comparison or have no national data.

24. Of the eighteen green indicators, the following indicator: screening coverage-bowel cancer (persons, 60-74 years old),) has shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old), cervical cancer screening coverage (females, 50-64 years old) and cervical cancer screening coverage (females, 25-49 years old) have shown a significant declining (worsening) performance over the last five time periods.

25. Life expectancy at birth (2018-20) shows Leicestershire is not this year being statistically compared to the national average for males and females due to a change of denominator a result of the census release. Compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.2 years for females, a similar pattern has been witnessed nationally. Healthy Life expectancy at birth performs similarly to the national average for both males and females. Compared to the previous year's data, healthy life expectancy at birth has decreased by 0.6 years for males and stayed the same for females.

26. There are currently no indicators where Leicestershire performs significantly worse than England or the benchmark.

27. Leicestershire and Rutland have combined values for the following two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

Better Care Fund and Adult Care Health/Integration Performance

28. The 2023-25 Better Care Fund (BCF) submission documentation was published on 4th April 2023 with a deadline of submission to NHS England of the 28th June, 2023.

29. The draft plan was submitted to the Integration Executive at their meeting on the 6th June, for review. This will then be asked to be retrospectively approved by the Health and Wellbeing Board at its meeting on the 28th September, 2023.

30. The BCF Policy Framework sets national metrics that must be included in BCF plans in 2023-25. The County Council and the ICB are required to establish ambitions associated with each metric and set how they will be achieved. This process should then be approved by the Health and Wellbeing Board. The framework retains two Adult Social Care Outcomes Framework metrics from previous years:

    - Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation);
    - The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

31. In addition, local systems should also agree targets associated with three further metrics to improve outcomes across the Health and Wellbeing Board area for the following measures:

    - Improving the proportion of people discharged home using data on discharge to their usual place of residence.
    - Reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.
    - Reducing the number of emergency hospital admissions due to falls in people over 65.

32. A further discharge metric will also be introduced ahead of winter 2023. The table below shows the metrics and associated targets and summarises the rationale for target setting for 2023-24.

Metric	Target 23/24	22/23 outturn	Comments
Unplanned admissions for chronic ambulatory care-sensitive conditions.	651 8.5% reduction on 22/23 actuals	713	The target remains the same as last year. It wasn't met during that time so it has remained the same. However, performance against the metric did see improvement in this area
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.09 2.5% reduction on 22/23 estimated outturn	1669.8	This was previously included as a local metric for Leics BCF. The target has been set to align with City and Rutland Figures but still remains an improvement on previous years' actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)	93% 0.8% increase on 22/23 actual performance	92.2%	Leicestershire is already top-quartile for this metric. The aim for next year is to improve to 93%.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	525.2 (per 100,000 population) This would move us to the second quartile of national reporting	549 (per 100,000 population)	The aim for this target is to move into the second quartile when compared to similar authorities. Currently Leicestershire is in the third quartile.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90% 0.8% increase on 22/23 actual performance	89.2%	Again, Leicestershire is a top quartile performer in this metric nationally. The target represents an improvement on last years' performance

List of Appendices

Appendix 1 – Public Health Outcomes – Key Metrics Update

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

LLR Integrated Care Board meetings can be found at the link below

https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/

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APPENDIX

Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	A01b - Life expectancy at birth	(F)	2018 - 20	High	84.1	8/15	83.1	—	
		(M)	2018 - 20	High	80.5	6/15	79.4	—	
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	12/15	63.9	—	
		(M)	2018 - 20	High	62.9	12/15	63.1	—	
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	3/15	7.9	—	
		(M)	2018 - 20	Low	6.0	2/15	9.7	—	
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2021/22	High	52.2	4/9	49.2	—	
	C02a - Under 18s conception rate / 1,000	(F)	2021	Low	10.7	5/15	13.1	—	
	C06 - Smoking status at time of delivery	(F)	2021/22	Low	8.3	4/15	9.1	▶	
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2021/22	Low	21.1	5/15	22.3	▶	
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2021/22	Low	33.2	3/15	37.8	▶	
	C16 - Percentage of adults (aged 18 plus) classified as overweight or obese	(P)	2021/22	Low	64.1	6/15	63.8	—	
	C17a - Percentage of physically active adults	(P)	2021/22	High	66.8	15/15	67.3	—	
	C17b - Percentage of physically inactive adults	(P)	2021/22	Low	21.4	12/15	22.3	—	
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2021	Low	11.2	5/16	13.0	—	
	C28b - Self reported wellbeing: people with a low worthwhile score	(P)	2021/22	Low	2.2	2/15	4.0	—	
	E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	(P)	2021/22	Low	19.1	11/12	23.7	—	
	C21 - Admission episodes for alcohol-related conditions (Narrow)	(P)	2021/22	Low	432.5	6/15	494.0	—	
Primary/Secondary	E01 - Infant mortality rate	(P)	2019 - 21	Low	3.2	7/15	3.9	—	
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2021	Low	65.9	10/15	76.0	—	
	E05a - Under 75 mortality rate from cancer	(P)	2021	Low	117.5	8/15	121.5	—	
	E06a - Under 75 mortality rate from liver disease	(P)	2021	Low	16.2	4/15	21.2	—	
	E07a - Under 75 mortality rate from respiratory disease	(P)	2021	Low	14.4	1/15	26.5	—	
	E10 - Suicide rate	(P)	2019 - 21	Low	8.7	1/15	10.4	—	
	E14 - Winter mortality index	(P)	Aug 2020 - Jul 2021	Low	38.7	13/15	36.2	—	
	E14 - Winter mortality index (age 85 plus)	(P)	Aug 2020 - Jul 2021	Low	46.9	12/15	42.8	—	
	C19a - Successful completion of drug treatment: opiate users	(P)	2021	High	4.9	11/15	5.0	▶	
	C19b - Successful completion of drug treatment: non opiate users	(P)	2021	High	41.1	4/15	34.3	▶	
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	6/16	78.0	—	
Secondary	C24a - Cancer screening coverage: breast cancer	(F)	2022	High	69.7	8/15	65.2	▼	
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2022	High	73.8	5/15	67.6	▼	
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2022	High	78.0	4/15	74.6	▼	
	C24d - Cancer screening coverage: bowel cancer	(P)	2022	High	73.7	8/15	70.3	▲	
	C26b - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS ..	(P)	2018/19 - 22/23	High	47.8	5/15	42.3	—	
	D02a - Chlamydia detection rate per 100,000 aged 15 to 24	(P)	2022	N/a	1,553.9	11/13	1,680.1	—	
	D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	(P)	2022	Low	283.8	8/13	495.8	—	
	D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	(P)	2019 - 21	Low	33.3	1/15	43.4	—	

Statistical Significance compared to England or Benchmark: Better; Similar; Not compared; Worse

Direction of Travel: ▼ Decreasing; ▼ Decreasing and getting better; ▼ Decreasing and getting worse; ▲ Increasing; ▲ Increasing and getting better; ▲ Increasing and getting worse; ▶ No significant change; — Cannot be calculated

Indicators C19a and C19b present Figures for Leicestershire and Rutland combined

Nearest Neighbour Rank: 1 is calculated as the best (or lowest when no polarity is applied)

Source: OHID, https://fingertips.phe.org.uk/ August 2023

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Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee
Work Programme – 2023/24

18 September 2023

Agenda item	Organisation/Officer responsible
1. Five year forward view. LLR ICB strategy and priorities going forward. Report will cover pledges and how its planned to tackle health inequalities.	ICB
2. Primary Care Strategy - recovery plan covering access to GP practices.	ICB
3. Update from LPT to cover progress on LPT CQC inspection outcomes and Better Mental Health for all - Place update (used to be called Step up to Great Mental Health).	LPT
4. EMAS – additional investment for category 2 response performance and workforce plan	EMAS

18 December 2023

Agenda item	Organisation/Officer responsible
1. Workforce challenges across the health and care system. Recruitment and retention issues. How do you build talent in LLR? Announcement from Prime Minister on NHS Long Term Workforce Plan.	UHL/LPT/ICB and Directors of Social Care
2. UHL Corporate Strategy	UHL
3. UHL Reconfiguration Update. To include consultation on relocation of hearing and balance service from the LRI to the LGH.	UHL

4. EMAS - Clinical Operating Model and Specialist Practitioners update. Five year strategy and clinical strategy.	EMAS

Future agenda items	Organisation/Officer responsible	Notes
1. Transfer of pharmacies from NHS England to ICB on 1 April 2023 plus optometrists and dentistry. Change to pharmacists prescribing medication.	ICB	
2. Update on Dental Services. From 1 April 2023, all Integrated Care Boards took on responsibility for commissioning dental services from NHS England	ICB	This item was presented in July 2021 and September 2021 and June 2022 on the recovery of dental services following COVID and general access to dentistry across LLR.
3. UHL Finances and Accounts for 19-20 and 20-21	UHL	On 16 November 2022, a number of information requests were sought, and it was requested that a further report be brought back in 2023.
4. Maternity Services (including Black Maternal Healthcare and Mortality)	UHL	An item on maternal healthcare (Kirkup and Ockenden reports) was taken in June 2022, with a view to receive future updates.
5. Leicester, Leicestershire, and Rutland Integrated Care System	ICS	This item was last taken in February 2023. Further updates to be scheduled accordingly.
6. Corporate Complaints Procedure	UHL	This item was taken in November 2022. It was requested that a full report setting out how the complaints procedure works, how the procedure has moved on including the patient experience and learning from complaints together with performance trends and dashboard data be provided to a future meeting.

Future agenda items	Organisation/Officer responsible	Notes
7. Re-procurement of the Non-Emergency Patient Transport Service (NEPTS). Contract awarded to ERS Transition Limited in June 2023 (inform Phil King when its on the agenda)	ICS	Might be worth giving ERS Transition Ltd time to settle in before scrutinising them.
8. Transfer of Haemodialysis Unit	UHL	Unit moved building in March/April 2023. A paper to be brought later in 2023
9. Transforming Care – Learning Disabilities and Autism Update	ICB/LPT	A further paper was sought for early 2024 following the report taken to JHOSC in February 2023.

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