

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 6 March 2024.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. D. Harrison CC

Mr. R. Hills 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.

Kay Darby, Chief Nursing Officer, Integrated Care Board (minute 60 refers).

Hardip Chohan, Head of Operations and Services, Voluntary Action LeicesterShire (minute 61 refers).

David Baxter, Integrated Care Board (minute 62 refers).

53. Minutes of the previous meeting.

The minutes of the meeting held on 17 January 2024 were taken as read, confirmed and signed.

54. Question Time.

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

55. Questions asked by members.

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

56. Urgent items.

There were no urgent items for consideration.

57. 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 and Mrs. B. Seaton CC both declared non-registerable interests in all agenda items as they had close relatives that worked for the NHS.

Mrs. B. Seaton CC also declared a non-registerable interest in agenda item 9: Healthwatch Leicester and Leicestershire as she was acquainted with a person that worked for Healthwatch Leicester and Leicestershire.

58. Declarations of the Party Whip.

There were no declarations of the party whip.

59. Presentation of Petitions.

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

60. LLR Vaccination & Immunisation Programme.

The Committee received a joint presentation from the Director of Public Health, Leicestershire County Council and Kay Darby, Chief Nursing Officer, Integrated Care Board. A copy of the presentation slides is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Members raised concerns about vaccine weariness and the level of complacency amongst the public regarding some diseases, particularly measles. A member questioned whether the health system was being proactive enough in encouraging people to be vaccinated and countering disinformation about vaccines that was being spread. In response reassurance was given with regards to tackling concerns some people had about vaccines that webinars took place to educate people. So far webinars had mostly been held when there had been specific outbreaks, but these webinars could be expanded more generally. The Cabinet Lead Member for Health emphasised the importance of vaccinations and recommended that if anybody had concerns about vaccines they should discuss it with their GP or another health professional.
- (ii) During the Covid-19 pandemic there had been an issue with some NHS staff refusing to get vaccinated due to concerns about the vaccine's safety and members queried whether this issue had spread to vaccines for other diseases as well. In response it was explained that this was mainly a Covid specific issue and reassurance was given that Occupational Health Screenings were carried out on NHS staff which involved encouraging them to get vaccinated.
- (iii) Some communities in Leicestershire did not come forward for vaccinations as much as others and work was taking place to target those communities where vaccination numbers were lower. Public engagement events were taking place at shopping centres, car parks and GP Practices and there was a mobile vaccination vehicle which travelled around the county. However, before the vehicle visited particular locations, messages needed to be sent out in advance to make the public aware and provide reassurance. There was a role to be played here by community champions such as Local Area Co-ordinators. Positive messages about vaccines also needed to come from within communities and from community leaders as they would be more persuasive.

- (iv) Schools had an important role to play in educating people about vaccines and immunisations. The County Council's Public Health department ran the Leicestershire Healthy Schools Programme and the Teen Health 11-19 Service, and the Director of Public Health agreed to check whether vaccine awareness was covered as part of these programmes.
- (v) A member suggested that the ability of schools to send text messages to parents should be used to spread messages about outbreaks and vaccinations. It was noted that GP Practices also sent text messages out particularly in relation to the MMR vaccine and more use could be made of this.
- (vi) It was hoped that in the future community pharmacists could play a greater role with vaccinations, and this was part of the NHS Vaccination Strategy, though a lot of work at a national level would have to take place to make this possible for example changing the contracts pharmacists were on.
- (vii) A member queried whether the dangers of the Human papillomavirus (HPV) and the availability of the HPV vaccine were being sufficiently publicised. In response some reassurance was given that it was covered in schools. An HPV awareness video was being recorded by a local GP and 2 students at Beauchamp college on 11th March. The video would be uploaded to You Tube and a member suggested it should also be shown at GP Practices. It was agreed that further consideration would be given to this.
- (viii) In response to a question about vaccinating adults against measles, it was explained that it was assumed that most of the older population would have immunity but the messaging to adults was that if they were not sure they should get vaccinated.
- (ix) In response to a suggestion that the Vaccination and Immunisation Programme should be covered at a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee it was confirmed that the topic was on the future work programme for the Joint Committee.

RESOLVED:

That the update on the Vaccination and Immunisation Programme be noted.

61. Healthwatch Leicester and Leicestershire

The Committee considered a report of Healthwatch Leicester and Leicestershire which provided an update on their work of the previous 12 months. A copy of the report, marked 'Agenda Item 9' is filed with these minutes.

The Committee welcomed to the meeting for this item Hardip Chohan, Head of Operations and Services, Voluntary Action LeicesterShire.

Arising from discussions the following points were noted:

- (i) It had originally been hoped that there could be one Healthwatch organisation covering Leicester, Leicestershire and Rutland but Rutland had decided to stand alone. The Healthwatch service for Leicester and Leicestershire had previously been carried out by an organisation called Engaging Communities Solutions (ECS).

In 2023 the contract was awarded to Voluntary Action LeicesterShire (VAL) and three members of staff from ECS had moved to VAL to carry out the Healthwatch work. VAL had nearly completed the first year of a three year contract.

- (ii) Healthwatch aimed to be a critical friend to the health services and pursue a collaborative approach aligned with local priorities and plans. Healthwatch tended to carry out research into the smaller issues with health services which did not get as much attention as other well-known issues.
- (iii) Members questioned whether the activities that Healthwatch undertook were any different to those undertaken by other bodies such as Patient Participation Groups (PPGs) or even the Health Overview and Scrutiny Committee itself. Members raised concerns that whilst Healthwatch Leicester and Leicestershire were gathering data and evidence around people's experiences of health services, there was no evidence that the work of Healthwatch actually had an impact and led to changes and improvements to services. Members raised concerns that the research carried out by Healthwatch lacked depth and the numbers of people interviewed by Healthwatch were too small to have any meaningful value. It was questioned whether Healthwatch was value for money.
- (iv) Members were reminded that Healthwatch had Enter and View powers which enabled them to visit premises, look at the way health services were being provided there and make recommendations based on what they had found. There was a team of 18 volunteers that carried out this work. It was clarified that the premises chosen to visit by Healthwatch were usually ones where intelligence had already been received about the quality of the services there. Members questioned whether the recommendations made by Healthwatch were acted upon by health organisations, and if not, whether Healthwatch continued to lobby those organisations until changes were made. In response to the concerns raised by the Committee some reassurance was given that the work of Healthwatch did have a positive impact. A report could be brought to a future meeting of the Committee providing further detail. It was also explained that the work of Healthwatch was being reviewed to ascertain areas of good practice and where improvements could be made.
- (v) Members suggested that as the commissioners of the service, Leicestershire County Council should be setting Healthwatch Leicester and Leicestershire smart targets. In response reassurance was given that targets were being worked on by Healthwatch and Leicestershire County Council.
- (vi) Members queried whether VAL would have been aware of the issues with Healthwatch had the Committee not drawn attention to them. In response it was explained that VAL welcomed the feedback, had been aware of some of the issues and had been conducting a review with a view to making improvements to the service provided by Healthwatch Leicester and Leicestershire. VAL was of the view that Healthwatch Leicester and Leicestershire did carry out good quality work but acknowledged that the way the work was presented could be improved.

RESOLVED:

- (a) That the update on the work of Healthwatch Leicester and Leicestershire over the previous 12 months be noted with concern;

- (b) That the Cabinet Lead Member for Health be requested to monitor performance of the Healthwatch contract;
- (c) That Healthwatch Leicester and Leicestershire be requested to provide a further report for a future meeting of the Committee providing more detail regarding the impact of the work carried out by Healthwatch on health services in Leicestershire.

62. Health Performance Update.

The Committee considered a joint report of the Chief Executive, Leicestershire County Council and the Integrated Care System Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data in February 2024. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item David Baxter, Integrated Care Board.

Arising from discussions the following points were noted:

- (i) Some of the targets were set nationally such as those relating to elective care and the Emergency Department, whilst others were set locally. The national target for Emergency Department patients being seen within 4 hours was 95% but locally a target of 76% had been set. For Public Health there were no national targets.
- (ii) With regards to the metrics relating to hypertension on page 97 of Appendix 1, a member questioned what more could be done to encourage the public to have their blood pressure taken. In response it was agreed that this matter would be looked into further after the meeting. It was noted that the target for the hypertension metrics was to reach 77% and a member questioned whether it would be better to aim for 100%. In response it was explained that 100% was unrealistic and it was better to aim for a challenging but achievable target. It was noted that if the target was 100% then all the metrics would be rated red which would not give such a good indication of progress.
- (iii) There was no performance data in the report relating to Community health services because the data was still being checked and therefore had not been placed in the public domain. However, the data that was currently available indicated that the targets were being met.
- (iv) With regards to Primary Care there was a metric relating to recruiting 26,000 (Nationally) Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024. This comprised of roles such as physician assistants and pharmacists.
- (v) Members asked that future reports contain more detail on what was being done to address those metrics that were rated red. In response it was explained that the Integrated Care System had other performance reports that contained more detail on the actions being taken, and more from those reports could be included in future reports to the Committee.
- (vi) With regards to elective care, rather than prioritising simple procedures to reduce the waiting list more quickly, UHL was focusing on both the simple and more complex procedures as this was believed to be the ethically correct action to take.

- (vii) A typographical error was noted with regards to the metric for 'Emergency hospital admissions due to falls in people aged 65 and over' because the data in the report indicated that the numbers had fallen significantly whereas the narrative stated that the metric was off track to meet target. It was confirmed that the numbers of falls had decreased and the narrative was incorrect. It was also clarified that the data in the report related to a quarter of the year, not a full year.

RESOLVED:

That the update on public health and health system performance be noted.

63. Noting the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee.

The Committee considered the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, a copy of which, marked 'Agenda Item 11', is filed with these minutes.

RESOLVED:

That the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

64. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on Wednesday 5 June 2024 at 2.00pm.

2.00 - 3.55 pm
06 March 2024

CHAIRMAN