

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 11 September 2024.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Ms. Betty Newton CC

Mr. D. Harrison CC

Mrs B. Seaton CC

Mr. R. Hills CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health

Hardip Chohan, Head of Operations and Services, Voluntary Action Leicestershire

Rachna Vyas, Chief Operating Officer, LLR Integrated Care Board (item 21 refers)

Sarah Taylor, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (item 21 refers).

Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Sue Venables, Head of Engagement and Insights, Leicester, Leicestershire and Rutland Integrated Care Board

14. Minutes of the previous meeting.

The minutes of the meeting held on 5 June 2024 were taken as read, confirmed and signed.

15. Question Time.

The Chief Executive reported that six questions had been received under Standing Order 34.

Lutterworth Health Services

Questions asked by Giuliana Foster:

1. If there is insufficient capital to achieve facilities for the services consulted upon at Feilding Palmer Cottage Hospital, will the inpatient beds be re-opened, and a new consultation take place?
2. Despite being re-assured that the on-line questionnaire for the Consultation would not 'time out, many respondents experience exactly that, including myself. We know from the feedback given from the ICB to the Lutterworth Steering Group back in March 2024 that a total of 1412 participants took the questionnaire - (1398 usable) - 930 online, 125 postal and 343 online 'easy read', but the drop out figures were high. On-line 630 and 'easy read' 258. Can you tell me what action

has the ICB taken to address this high percentage of 'drop-outs' as there is nothing relating to this in the ICB's report?

3. Many of the respondents had concerns about 'care at home' or in a care home. 27% did not agree with this compared to only 19% that agreed. Again, what actions will be taken to address this by the ICB as I am unable to see this in the report.

Reply by the Chairman:

1. The findings from the consultation supported the proposals to use the current space in Feilding Palmer Hospital to provide outpatient and diagnostic services replacing the current 10 inpatient beds. Since consultation has finished the capital position has become more challenged with less than expected capital being available to Leicester, Leicestershire and Rutland. This means the ICB are now having to consider the implications of this on all of their plans. To support this a medium-term capital plan is being developed over the next six months and schemes prioritised. The required capital to support the redevelopment of Feilding Palmer Hospital will be submitted as part of the development of the medium-term capital plan. In the meantime, the Decision-Making Business Case will be finalised with the findings from the consultation and presented to the ICB for final decision on the proposals.
2. The completion rate for the Lutterworth survey was 66%, which compares very favourably with the average rate for other ICB surveys, which is generally between 20-50%. There are several reasons why people may not complete a survey once they have started it. Many people click the link to look at the survey and find out further information and then simply abandon answering questions, possibly returning later. The ICB has not received any correspondence regarding issues with time-outs. The time-out period for ICB surveys is 60 minutes and users receive a pop-up warning after 45 minutes of inactivity, and are given 15 minutes to re-commence their activity. Additionally, the ICB undertakes considerable work to encourage people to participate in the survey, by ensuring that the questions are designed by professional researchers, which also helps to ensure that dropouts are reduced. The ICB uses multiple on and off-line marketing channels to ensure that people are aware of public consultation and are supported to complete the survey.
3. The NHS Leicester, Leicestershire and Rutland ICB (LLR ICB) recognises the importance of the feedback received regarding proposals to improve health services in Lutterworth. Some of the actions the LLR ICB will take to address the issues raised around the quality care at home and in care homes include:
 - Ensuring family carers are involved as well as patients in decision about care.
 - Ensuring high quality services when providing care in the place that people call home ensuring it is safe, convenient, and appropriate, and improves patient and family carer experiences.
 - Maintaining continuity of care and exchange of information when transferring patients from one service to another e.g. on discharge from hospital to a home.
 - Investing in high quality training of staff.

Supplementary questions asked by Giuliana Foster

1. What assurances can be given that the capital to support the redevelopment of Feilding Palmer Hospital will be available and what is the timescale for the redevelopment?
2. How confident is the ICB that a high quality of care at home and in care homes is achievable?

Reply:

The Chairman asked representatives from the Integrated Care Board that were present at the meeting to respond to the supplementary questions. In response the ICB stated the following:

1. The capital plan was being reconsidered and until that work was complete firm assurances could not be given.
2. Quality checking was part of the normal day to day work of the NHS. Any individual concerns would be escalated to the Integrated Care Board.

Questions asked by Jean Burbridge:

1. At the Health Overview and Scrutiny Committee meeting of 13 September 2023 assurances were given to Mrs B Seaton CC that the funding of £5.8 M was available for the refurbishment of Feilding Palmer Community Hospital and Stakeholders were also being told this. What figure can be given today, in this meeting? And what timescale can now be given?
2. Will there be sufficient capital funding from the Systems Capital Group to complete the services consulted on?
3. How will the ICB be addressing the concerns expressed during the Public Consultation about substituting professional care provided by the NHS in an inpatient setting for care provided in care homes where staff have received less training and who are often not on a professional register?

Reply by the Chairman:

1. The report for agenda item 9: Health Services in Lutterworth details the findings from the consultation that took place into the proposals for Feilding Palmer Hospital. The Decision-Making Business Case, which will be considered at an ICB meeting in the Autumn, will set out the full proposals, including capital costs, and supporting information.
2. Please see the answer to Question 1 above from Giuliana Foster.
3. Patients need to be in the most appropriate care setting for their needs whether that be an acute hospital, community hospital, care home or receiving care at home. Both the NHS and the local authorities have to ensure that any organisation that provides care is suitably qualified to offer the services, staff are trained sufficiently and that quality care is being provided. There are mechanisms in place to do this and identify any issues and/or warning signs.

16. Questions asked by members.

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

17. Urgent items.

There were no urgent items for consideration.

18. 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.

It was also noted that Mr. R. Hills CC worked as a dentist.

19. Declarations of the Party Whip.

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

20. Presentation of Petitions.

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

21. Winter Planning

The Committee considered a report of the Director of Urgent and Emergency Care, University Hospitals of Leicester NHS Trust (UHL), which summarised planning to manage winter pressures across Leicester, Leicestershire and Rutland (LLR) in 2024/25 and provided an update on the COVID-19 and wider vaccination programme for the eligible population resident within LLR. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachna Vyas, Chief Operating Officer, LLR Integrated Care Board, and Sarah Taylor, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

- (i) Whilst the winter pressures report traditionally covered measures in place to manage an increase in demand over winter, in reality demand had not significantly decreased during the summer of 2024 and therefore the winter levels of demand had become business as usual throughout the year. Demand was continuing to

grow across all areas of healthcare. There was an increase in the severity of the conditions patients were presenting with which meant that they took longer to treat. One of the issues was patients being unable to access an appointment at their GP Practice so they were therefore attending other NHS services in the hope of accessing the treatment they required.

- (ii) In order to increase capacity some services were opening 7 days a week. GP Practices were opening on Saturdays, mainly staffed by Healthcare Assistants and practice nurses. There was also extra capacity at Glenfield Hospital and East Midlands Ambulance Service were now able to convey patients directly to services without visiting the Emergency Department first. Members noted that there were no new no initiatives being planned for winter 2024/25 and that they were already aware of all the measures in place. In response to a request from a member for more detail on the winter plan it was agreed that a link would be circulated to members after the meeting.
- (iii) Since the Covid-19 pandemic there had been a change in people's lifestyles with more people working from home etc therefore people now wished to access medical services in a different way.
- (iv) The workforce plan for winter 2024/25 had been put in place using the evidence base from previous years. Given that having sufficient qualified staff was an issue across the health system it was important to attract and retain the right staff and take good care of their wellbeing.
- (v) It was important to ensure that people experiencing mental health needs knew where they could get help. The intention was to grant fund small projects that could help promote the mental health support available and increase awareness of services that were open during the winter months. Leicestershire Partnership NHS Trust and the Local Area Coordinators run by Public Health were linking together on this.
- (vi) Healthwatch Leicester and Leicestershire had been asked by UHL to carry out a piece of research work into the patient experience of accessing health services over the winter, with a particular focus on people with learning disabilities and mental health conditions.
- (vii) The Pharmacy First service was in place which enabled patients to receive treatment for minor illnesses or receive repeat prescriptions rather than visiting their GP. Pharmacies also offered vaccinations. In response to a query from a member as to whether the service offered by pharmacies was publicised enough it was explained that a lot of work had been carried out to raise awareness and since Pharmacy First began over 8000 patients had been seen by pharmacies and very few of those patients needed to subsequently book an appointment with their GP. However, it was acknowledged that more could be done to further publicise the service.
- (viii) The appendices to the report referred to an infection of the lungs known as pertussis but more commonly known as whooping cough and members emphasised the need to make it clear to the public what was being referred to when pertussis was mentioned.

RESOLVED:

That the plans in place to manage winter pressures across Leicester, Leicestershire and Rutland (LLR) in 2024/25, and the update on the COVID-19 and wider vaccination programme for the eligible population resident within LLR, be noted.

22. Health Services in Lutterworth

The Committee considered a report of the Integrated Care Board regarding the Lutterworth Public Consultation which had taken place and the Report of Findings which had been produced. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item, Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB), and Sue Venables, Head of Engagement and Insights, LLR ICB.

The Committee also welcomed Mrs. R. Page CC, County Council local member for Lutterworth. Mrs Page CC welcomed the way that the consultation had been carried out but stated that she was disappointed that the full details of the proposals for Lutterworth and the available funding would not be clear until the Decision-Making Business Case was published later in the year.

In response the ICB explained that whilst they were waiting for the full funding for the proposals to be confirmed they would consider how the current space in Feilding Palmer Hospital could be used.

The Committee praised the ICB for how thorough and expansive the consultation process was but noted how long it had taken for these plans to be put into place and expressed a wish for the project to be completed soon.

RESOLVED:

That the update on the Lutterworth Public Consultation and the Report of Findings be noted.

23. Healthwatch Leicestershire update.

The Committee considered a report of Healthwatch Leicester and Leicestershire which provided an update on the work of Healthwatch, its delivery and impact. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

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

The Cabinet Lead Member for Health Mrs L Richardson CC stated that she was aware Healthwatch had some issues with staffing over recent years but that she believed those issues had been resolved and she was confident Healthwatch was on a more stable footing and was now working well with the commissioners of the service Leicestershire County Council.

The Committee welcomed Healthwatch's improvement in collaborating with partners.

In response to a question from the Chairman as to how Healthwatch decided which areas to conduct research into, reference was made to Healthwatch's priorities but also the ability Healthwatch had to adapt and look into emerging themes and urgent issues. Enter and View visits were carried out based on intelligence received and data gathered. Approximately 50% of the work carried out by Healthwatch was commissioned by other organisations and 50% was commissioned by Healthwatch itself. Healthwatch staff were most proud of their work with asylum seekers, and the research into supported living and Accident and Emergency Services at UHL.

It was noted that Healthwatch Leicester and Leicestershire was working jointly with the Integrated Care Board on a piece of research into the patient experience of accessing GP Practices.

RESOLVED:

That the update on the work of Healthwatch Leicester and Leicestershire (HWLL), its delivery and impact be noted.

24. Draft Health and Wellbeing Board Annual Report 2023-24.

The Committee considered a report of the Director of Public Health which presented the draft Health and Wellbeing Board (HWB) Annual Report 2023-24. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

In introducing the report the Cabinet Lead Member for Health Mrs. L. Richardson CC referred to the challenges of working with partners but said there was now a more holistic approach and greater understanding of the way different organisations worked. Mrs. Richardson CC offered assurance that significant progress had been made and emphasised the importance of the Annual Report in demonstrating the work that was taking place.

Members welcomed the report, particularly how it evidenced the breadth of work carried out by the Health and Wellbeing Board and the links between the subgroups and the Board. Members also welcomed the implementation of the Family Hubs described in the report.

RESOLVED:

- (a) That the contents of the draft Health and Wellbeing Board Annual Report 2023-24 be welcomed;
- (b) That officers be requested to present the Health and Wellbeing Board Annual Report to the Health Overview and Scrutiny Committee on an annual basis.

25. Update on the new model of support for those at risk of homelessness.

The Committee considered a report of the Director of Public Health which gave an update on the new model of support for those at risk of homelessness and provided assurance that the concerns highlighted during the consultation on the proposed model had been mitigated. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

It was noted that during the consultation concerns had been raised that there was not enough public awareness of the services offered by First Contact Plus and Local Area Co-ordinators, however since then a significant amount of work had taken place to publicise those services. For example, roadshows had taken place and an article had been placed in the Leicestershire Matters magazine.

In response to a question as to whether there were any people that accessed the previous service that were now not able to receive support, it was explained that the data was not available to answer this question but the numbers of people using the new model were very similar to the previous service therefore it was not thought that anybody was missing out due to the change.

RESOLVED:

That the update on the new model of support for those at risk of homelessness be noted.

26. 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 12', is filed with these minutes.

RESOLVED:

That the work programme be noted.

27. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 13 November 2024 at 2.00pm.

2.00 - 3.42 pm
11 September 2024

CHAIRMAN