Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 5 March 2025.

PRESENT

Mr. J. Morgan CC (in the Chair)

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

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health.
Fiona Barber – Healthwatch Leicestershire.
Sue Burton, Deputy Chief Nurse Pathway to Excellence Programme Director, UHL (Minute 58 refers).
Alison Kirk, Head of Patient Experience and Involvement, LPT (Minute 58 refers).
Jenny Goodwin, Deputy Chief Officer Communications and Engagement and Insights, Integrated Care Board (Minute 58 refers).
Nilesh Sanganee, Chief Medical Officer, Integrated Care Board (Minute 59 refers).
Rachel Dewar, Associate Director of Urgent and Emergency Care, Integrated Care Board (Minute 59 refers).

51. Minutes of the previous meeting.

The minutes of the meeting held on 15 January 2025 were taken as read, confirmed and signed.

52. Question Time.

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

53. Questions asked by members.

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

54. Urgent items.

There were no urgent items for consideration.

55. Declarations of interest in respect of items on the agenda.

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 substantive agenda items as they had close relatives that worked for the NHS.

Mr. R. Hills CC declared a registerable interest in all substantive agenda items as he worked for NHS England.

56. Declarations of the Party Whip.

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

57. Presentation of Petitions.

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

58. Understanding NHS Patient Insights

The Committee received a joint presentation from the Integrated Care Board (ICB), University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT) and Healthwatch Leicestershire regarding how feedback was obtained of patient experience in Leicestershire. A copy of the presentation slides, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Sue Burton, Deputy Chief Nurse Pathway to Excellence Programme Director, UHL, Alison Kirk, Head of Patient Experience and Involvement, LPT, Jenny Goodwin, Deputy Chief Officer Communications and Engagement and Insights, ICB and Fiona Barber, Healthwatch Leicestershire Board member.

Arising from discussions the following points were noted:

(i) Most of the complaints received by Healthwatch related to difficulties accessing services and appointments, not the quality of the appointment itself.

(ii) Members welcomed that the feedback UHL received from patients compared well with UHL's peer trusts.

(iii) Members welcomed the 'You said, we did' notices which were placed in NHS waiting rooms but suggested that the notices would be more helpful if they included a trajectory for performance and a timescale of when the issue was originally identified. In response it was explained that the information on trajectories was held and consideration would be given to how it could be included in the notices.

(iv) Members emphasised that when asking for feedback, patients needed to be made aware of the context that the health service was performing within, for example the financial situation or the level of demand that was being coped with. This would enable patients to understand what was realistic and manage their expectations.

(v) A member emphasised that it was important to get feedback during the period a patient was undergoing treatment, as well as after. In response it was acknowledged that some patients underwent treatment for long periods of time, particularly those with mental health issues, and reassurance was given that

patients were asked for their views both during and after treatment. There were community forums where patients could discuss their experiences, and conversations also took place on wards. The Care Quality Commission also spoke to patients during their visits.

(vi) The Friends and Family Test (FFT) was conducted after treatment was completed or when the patient had been discharged from a service. A link to the FFT was sent to patients via text message. There was no specific limit as to how many texts a patient could receive from the ICB. Whilst the system did flag up when a patient had received 2 text messages, it was still possible for a patient to receive multiple texts. The FFT was intended to highlight where more in depth investigations needed to be carried out into patient experiences and identify where work needed to take place with particular services. The information obtained from the FFT could be triangulated with other complaints data to get a better understanding of what the major issues were.

(vii) GP Practices were able to create their own FFT and focus on particular issues that were relevant to that practice. The ICB liaised with the top 10 GP Practices according to patient feedback to find out how they delivered such a positive service. Plans were in place to pair those practices up with those practices in the lower decile so that good practice could be shared.

(viii) With regards to the number of surveys sent out by UHL it was agreed that it would be checked how many a patient could receive and an answer provided after the meeting.

(ix) National Patient Surveys also took place. The NHS recognised that survey fatigue could be a problem.

(x) In response to a question from the Chairman about what qualitative research was carried out regarding the patient experience, it was explained that 15 Steps Programme toolkit used qualitative observation to explore patient experiences in healthcare settings.

(xi) The Healthwatch England National Survey found that over half of people (56%) who made a complaint to an NHS organisation were dissatisfied with the process of making the complaint. As this was a national survey further details were not available to the Committee, but it was suggested that patients feared that if they spoke up there would be negative consequences for them. Sometimes there were personality clashes between the patient and the person that they made the complaint to.

(xii) In response to concerns raised about poor communication between patients and GP Practices, reassurance was given that efforts were being made to engage with all patients and particularly those at risk of isolation. A member suggested that greater use should be made of newsletters.

(xiii) The language NHS staff used towards patients was important, and whilst it was useful to explain to the patient how busy a service was and apologise for a long wait, the patient needed to be reassured that they would receive full focus from a clinician and the quality of their care would not be impacted.

RESOLVED:

That the update regarding patient feedback be noted.

59. Overview of the UEC offer outside of the LRI site.

The Committee received a presentation from the Integrated Care Board (ICB) regarding the Urgent and Emergency Care offer in Leicestershire outside the Leicester Royal Infirmary site. A copy of the presentation slides, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Nilesh Sanganee, Chief Medical Officer and Rachel Dewar, Associate Director of Urgent and Emergency Care, both of the ICB.

Arising from discussions the following points were noted:

(i) The Chairman emphasised that a significant proportion of LLR residents lived in the outskirts of Leicestershire and it was important to keep Urgent and Emergency Care services as local as possible so that patients did not have to travel into Leicester City. In response to a query from the Chairman it was confirmed that data regarding population hotspots in the county was used when considering the location of Urgent and Emergency Care services and whether need was being me. With regards to the locations it was important to take into account that there were nearby services across the county border which Leicestershire residents could access. For example, Hinckley residents were close to the George Eliot Hospital in Nuneaton.

(ii) In response to a query from a member as to why some Urgent Care Centres were only open in the evening between 7.00pm and 10.00pm it was explained that the hours GP Practices were open had been extended later into the evening, and the Urgent Care Centres were intended to be open during the time GP Practices were not open.

(iii) Not all Urgent Care Centres/Urgent Treatment Centres offered the same level of treatment or had the same level of facilities. For example, although the Loughborough Urgent Treatment Centre had x-ray facilities these were not available 24 hours a day and a patient at Loughborough that needed an x-ray out of hours would have to be transferred to the Leicester Royal Infirmary.

(iv) A significant proportion of patients that attended Urgent and Emergency Care sites could have been seen in Primary Care. Some issues that patients themselves believed were urgent, would not have been classified by the NHS as urgent. The ICB was proposing improvements to same day access to health care services and was conducting a review in this regard. The review would cover unmet need with regards to patients seeking emergency treatment. Some issues patients presented with were not suitable to be dealt with by Primary Care but not of a severity to be dealt with at the Emergency Department and therefore intermediate services were required. It was agreed that further details regarding the same day access review would be circulated to members after the meeting.

(v) The Urgent and Emergency Care offer was broader than just Urgent Care Centres and Urgent Treatment Centres. EMAS offered the Hear and Treat service over the phone and also the See and Treat service in person. There was also the Urgent

Community Response service which aimed to react within 2 hours. There were also services available for the frail and elderly population such as the home visiting service run by Derbyshire Health United.

(vi) Patients could also visit a pharmacist and receive treatment for 7 conditions under the Pharmacy First scheme.

(vii) The NHS 111 clinical navigation service played a role in navigating patients to the right place and at the right time. The needs of some patients were nuanced and it was of benefit for them to have a discussion with the call advisor before deciding which service to access.

(viii) In order to help the problem of patients having to wait a long time for GP Practices to answer their phone calls, cloud telephony was being introduced which included a callback feature so patients did not have to wait on hold. This was working successfully. The number of GP Practice appointments available had also increased significantly.

(ix) An Artificial Intelligence triage service was being trialled in a small number of GP Practices.

(x) In response to a suggestion that notices to the public about where to go for emergency treatment could be placed on rubbish bins or prescription bags it was explained that many similar initiatives had been tried in the past such as fridge magnets but there were budgetary constraints. The ICB welcomed ideas for disseminating messages but were looking for cheaper ways of getting messages to the public. The ICB's Get in the Know campaign featured web pages with all the information about where to go for different health problems. The webpages had the advantage that they could be updated more quickly than paper notices. The NHS app also had a lot of information. Members pointed out that not everybody had access to the internet. A member submitted that it could be cost effective to pay for the publicity in the short term as it would have a positive impact in the longer term by preventing patients from requiring more serious and expensive treatment.

(xi) Members raised concerns that due to being unable to get appointments at dental practices, patients were presenting at Emergency Departments with urgent dental issues. In response reassurance was given about the work ongoing to improve access to dental appointments such as the flexible commissioning scheme which aimed to make NHS dental contracts more adaptable, increased payments for units of dental activity, and the offer of incentive ('golden hello') payments.

RESOLVED:

That the update regarding the Urgent and Emergency Care offer in Leicestershire be noted.

60. <u>Addressing social isolation and loneliness in Leicestershire</u>

The Committee considered a report of the Director of Public Health which provided an overview of the initiatives in place to support social isolation and loneliness in Leicestershire. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) A toolkit had been created for tackling loneliness in Leicestershire. It was suggested that County Councillors should be made aware of this document so they could use it to help people in their divisions. The toolkit was now several years old and the document was being reviewed with a view to refreshing it.

(ii) As part of the Public Health department, 29 Local Area Co-ordinators (LACs) worked in 39 communities supporting people with loneliness and helped them draw on their community to make them feel less isolated. Members praised the work LACs carried out.

(iii) Some people were aware of the options available in communities to help them with loneliness but were unable to make that first step in accessing services. This was where having LACs based in communities was of value because they could get to know people and if local people were aware of others that were not socialising it could be flagged up with the LACs and action could be taken.

(iv) In response to a query about which particular types of people were most impacted by loneliness reference was made to the farming community, carers and people in temporary accommodation.

(v) The Public Health department operated a 'no wrong front door' policy and public health staff were knowledgeable about all the services provided within the department so no matter who in Public Health a person came into contact with they could be referred onto the right service.

(vi) The Joy mobile phone app was available to be downloaded which provided a social prescribing function and connected people with local services.

RESOLVED:

That the initiatives in place to support social isolation and loneliness in Leicestershire, particularly the work of Local Area Coordinators, be welcomed.

61. 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 be noted.

62. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 4 June 2025 at 2.00pm.

2.00 - 4.00 pm
05 March 2025

CHAIRMAN