Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 4 June 2025.

PRESENT

Mr. M. Bools CC	Mrs. K. Knight CC
Mr. N. Chapman CC	Mr. J. McDonald CC
Mr. K. Crook CC	Mr. D. Page CC
Mrs. L. Danks CC	Mr. B. Piper CC
Mr. M. Durrani CC	Mr J. Poland CC
Dr. S. Hill CC	Mr. K. Robinson CC

In attendance

Fiona Barber – Healthwatch Leicester and Leicestershire
Rachel Dewar, Assistant Director of Urgent and Emergency Care, NHS Leicester, Leicestershire and Rutland (minute 11 refers).
Yasmin Sidyot, Deputy Director Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board (minute 11 refers).

1. Appointment of Chairman.

RESOLVED:

That Dr. S. Hill 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 2026.

Dr. S. Hill CC in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mr. K. Robinson CC be appointed Vice-Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2026.

3. Minutes of the previous meeting.

The minutes of the meeting held on 5 March 2025 were taken as read, confirmed and signed.

4. Question Time.

The Chief Executive reported that two questions had been received under Standing Order 35.

1. Question asked by Rachel Moore:

What is the Integrated Care Board doing to improve access to GP appointments and end the 8am scramble?

Reply by the Chairman:

I have sought information from the Integrated Care Board in relation to the question and they have provided the following statement:

> "Our GP providers in Leicester, Leicestershire and Rutland (LLR) provided 7,881,384 appointments in 2425, against a plan of 7,488,914. This is 33,679 more than 2324. Our plans for 2526 are to provide 7,960,199 appointments for our patients to access.
>
> Our GP's have recognised the difficulty our patients face with the '8am scramble' and have been working with us to resolve. A few of the schemes we have currently in place:
>
> 1. 100% of practices have now moved to cloud based telephony. This provides significant benefit to patients as it facilitates an enhanced digital telephony experience which includes:
>   a. Queuing: enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone.
>   b. Call-back functionality: patients have the option to be called back when they are higher in the queue and this enables less frustration and cost to patients.
>   c. The telephone messaging options available for patients enable them to access the right care, this includes multiple options to make an appointment, order prescriptions, etc.
>   d. Through the cloud-based system, telephone data analysis and review, practices are able to make improvements in their workflow and align staffing to manage demand.
>
> 2. 100% of practices now offer online booking, for appointments either on the same day or in the future.
>
> 3. Many of our practices now offer online triage - our patients complete an online form for non-urgent issues, the practice triages and assesses the information and the patient is streamed into the appropriate patient stream.
>
> 4. A cohort of our practices are trialling various AI platforms, with exciting initial results. One of our practices, sited in an area of deprivation, has seen the '8am scramble' practically negated by the use of this system. This practice is sharing its results with all other practices and many more have expressed an interest in trialling the platform. We expect to formally evaluate this through July 2025.
>
> 5. We have opened 'pharmacy first' across LLR, providing an additional 108,915 consultations in 2425 for patients with less serious needs. This is hugely popular and current estimates suggest that from July 2024 until April 25 the number of referrals sent equates to a saving of approximately 2014.6 GP sessions (based on the national guideline). LLR pharmacies had the highest number of referrals in the region.

6. Our GP and practice workforce continues to grow, with 31 newly qualified GP roles recruited to in 2425 since October 2024. Our plans are to further invest in GP services in 2526, but we recognise that there are areas of LLR with a lower GP workforce when compared nationally. Our local training hub and workforce team continue to support practices and work with national teams to retain and grow the workforce.

We recognise that not all our patients are comfortable using technology-based solutions and our aim therefore has been to augment all access routes but promote the technology-based solutions to those comfortable. This in turn creates capacity for those needing other routes. We also have a programme for supporting people to become more comfortable using the NHS app, with 'training and help sessions' run in practices across LLR.

The ICB remains committed to improving access to GP's and we value any support from local government in this endeavour. Where patients are reporting a negative experience, we have always welcomed this direct feedback and subsequently used this to engage with our GP providers. Should any newly elected councillors wish to experience first hand how our practices work, we would be happy to facilitate a conversation / shadowing opportunity to support an in-depth understanding of how our practices are seeking to support their patient cohorts."

I am aware that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee regularly discusses this issue at its meetings and you may find it useful to read the reports and minutes of those meetings. I have provided links to recent reports below:
https://democracy.leics.gov.uk/documents/s184224/GP%20Practices.pdf
https://democracy.leics.gov.uk/documents/s178557/HOSC%20Paper%20-%20Primary%20Care%20Sept.pdf

2. Questions asked by Rachel Moore:

What is the Council doing about suicide prevention?

Reply by the Chairman:
The County Council plays a key leadership role in suicide prevention, working in close collaboration with partners, to develop and implement a suicide prevention strategy under the umbrella of the LLR Suicide Audit Prevention Group (SAPG). The SAPG is hosted by the council and is co-chaired by Public Health council officers.

The LLR Suicide Prevention strategy has recently been refreshed through engagement and involvement with a broad range of partners and key stakeholders, including people with lived experience of suicide. This process was led by Leicestershire County Council Public Health officers.

The priorities and focus on the strategy and resulting action plan have been informed by local and national data related to suicide prevention data, and are based on evidence-based practice in suicide prevention.

The work around delivering against the priorities is ongoing and will continue to be delivered under the umbrella of the LLR Suicide Audit Prevention group.
The County Council is involved in a number of specific delivery aspects of the strategy, for example, hosting of the 'Start a Conversation' suicide prevention website providing

on-line access to resources and services, and commissioning of the suicide bereavement service for LLR.

The Health Overview and Scrutiny Committee had an agenda item relating to the Draft Suicide Prevention Strategy at its meeting 13 November 2024 and fed into the consultation on the Strategy. Links to the report considered at the meeting, draft strategy summary, minutes from that meeting and the webcast of the meeting are set out below:

https://democracy.leics.gov.uk/documents/s186325/Draft%20LLR%20Suicide%20Prevention%20Strategy%20HOSC%20Nov%202024.pdf
https://www.leicestershire.gov.uk/sites/default/files/2024-10/Draft-LLR-Suicide-Prevention-Strategy-2024-2029.pdf

https://democracy.leics.gov.uk/documents/g7436/Printed%20minutes%20Wednesday%2013-Nov-2024%2014.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=1

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5. Questions asked by members.

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

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.

Mr. B. Piper CC declared an Other Registerable interest in all agenda items as he was a member of the Mary Guppy Group which was campaigning regarding health services in Lutterworth.

Mr. J. Poland CC declared an Other Registerable interest in agenda item 11: Health Performance update as he was a trustee of the Loughborough Wellbeing Centre, a mental health charity.

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. Public Health Overview and Annual Review.

The Committee considered a report of the Director of Public Health which provided an overview and update on the work of the Public Health department in fulfilling the statutory duty to take steps to improve health and wellbeing. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Funding for Public Health activities came from a ring-fenced grant from the Department of Health and Social Care (DHSC) to be used exclusively for public health activity. The 2024/25 Public Health settlement for Leicestershire was £28.312m. On a per capita basis this was the 147th lowest per head funding of the 153 authorities that receive the Public Health Grant. Leicester City Council received more overall Public Health funding than Leicestershire County Council despite having a smaller population; £87.50 per head of population for Leicester City compared with £40.65 for Leicestershire County Council.

(ii) In response to concerns raised that population and housing growth in Leicestershire could cause funding problems for the Public Health Department the Director was able to provide some reassurance that DHSC took into account census data and population figures. However, it was acknowledged that given the gap in time between censuses behind conducted and the rapid housing growth taking place, the information the DHSC had could become out of date.

(iii) Members raised concerns that tooth decay was the leading cause of hospital admissions amongst children. It was noted that within the Public Health Department there was an Oral Health Team which provided supervised toothbrushing for children. A Joint Strategic Needs Assessment for all age oral health had been conducted in 2023 which enabled a better understanding of oral health in Leicestershire. Arising from this a lot of work had taken place to improve oral health. In response to a question as to how the impact of this work was measured it was explained that the DMFT index (Decayed, Missing, Filled Teeth) was a measure of the prevalence of dental decay in a population and the DMFT score for Leicestershire had recently improved. There was also a metric for 'Percentage of 5 year olds with experience of visually obvious dental decay' which had also shown an improvement.

(iv) Healthwatch Leicestershire reported that one of the main issues they picked up from the public was a lack of access to NHS dental services.

(v) It was suggested that the general public were not sufficiently aware of the role and work of Public Health and more publicity and explanation was required. In response, whilst it was acknowledged that more could be done to raise awareness, the Director explained that Public Health work was very broad and therefore it was difficult to convey the whole remit to the public. It was perhaps better to ensure the public was aware of the specific services that related to their needs i.e. smoking cessation, Local Area Co-ordinators etc.

(vi) It was also suggested that the NHS needed greater awareness of the services that Public Health offered so that signposting could take place and duplication could be avoided.

RESOLVED:

That the update on the work of the Public Health department be noted.

11. Health Performance update.

The Committee considered a joint report of the Chief Executive and ICS Performance Service which provided an update on public health and health system performance in Leicestershire based on the available data in April 2025. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachel Dewar, Assistant Director of Urgent and Emergency Care, and Yasmin Sidyot, Deputy Director Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board.

Arising from the report the following discussions took place:

(i) Members raised concerns with regards to East Midlands Ambulance Service (EMAS) response times and it was questioned whether anything could be done locally to improve the situation. In response it was explained that a lot of work was taking place to improve handover times at the Emergency Department which would then free up ambulances to go back out into the community. A national programme was working on this and positive results were starting to be seen. Work was also taking place to reduce the number of lower acuity calls being referred onto EMAS. It was noted that EMAS were due to provide a report and presentation for the November 2025 Committee meeting.

(ii) Talking Therapies reliable improvement for February 2025 was 66%, marginally under the target of 67% and Talking Therapies reliable recovery performance was 49% against a target of 48%. A member suggested that the issue was throughput rather than outputs. The member also raised concerns about services being delivered through a computer screen rather than face to face, and whilst acknowledging that delivering services online could be more cost effective, questioned whether this was the best approach for patients. In response, reassurance was given that work was taking place with the Talking Therapies provider around the range of services they provided to ensure there were both face to face and online services. The provider was also being liaised with to ensure patients were triaged into the appropriate service for their needs. It was suggested that there could be an agenda item at a future Committee meeting regarding early intervention for patients with mental health issues and access to Psychological Therapies, with officers from the field of mental health present to answer questions.

(iii) The mental health Central Access Point was available by calling NHS 111 and selecting the mental health option. A caller would be connected to a trained professional who could provide support or signposting. In response to a question, it was confirmed that there was evidence that the service worked well. Further work was taking place regarding a single point of access for the whole of mental health services in LLR to streamline and further integrate mental health services.

(iv) The Committee welcomed that a significant amount of additional Primary Care appointments had been delivered over the winter period 2024/25. It was explained that this was a complex issue to address given that there were 150 GP Practices

across LLR of varying sizes, and the patients were of differing demographics. One positive was that all GP Practices were now using the cloud-based telephony system which meant that the experience of patients when they called the practice was improved and less time was spent on hold. A member suggested that if patients were not satisfied with their GP Practice they should transfer to a different practice. GP Practices did advertise when they had room on their patient list so it was possible for patients to move.

(v) The NHS app was being further developed so that patients could access a greater range of information through it, though it was acknowledged that not all patients were able to access technology easily.

(vi) The metric for 'HIV late diagnosis in people first diagnosed with HIV in the UK' was rag rated red as for the period 2021-23, Leicestershire was ranked 15th out of 16. Members queried the reasons behind the data and requested to consider this issue in more detail at a future meeting.

(vii) Year 6 prevalence of overweight (including obesity) had shown a significant increasing (worsening) performance. It was suggested this could be connected to the Covid-19 pandemic.

(viii) Some data had changed since the Committee report had been published:

- Inequality and life expectancy for females had moved from the best quintile nationally to the second-best quintile nationally.
- Overweight adult performance had changed from significantly worse than the national average to similar to the national average.
- For active adults Leicestershire had moved from significantly better than the national average to similar to the national average.
- Inactive adults had changed from significantly better than the national average to similar to the national average.

(ix) Public Health carried out work in relation to the healthiness of the food people consumed in Leicestershire and also encouraged people to become more active.

RESOLVED:

(a) That the update on public health and health system performance in Leicestershire be noted;

(b) That officers be requested to provide reports for future meetings on HIV prevalence in Leicestershire, mental health early intervention and Integrated Access to Psychological Therapies.

12. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 3 September 2025 at 2.00 pm.

2.00 - 3.12 pm CHAIRMAN

04 June 2025