



Minutes of a meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee held via Microsoft Teams video link on Wednesday, 23 September 2020.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mukesh Barot
Mrs. A. J. Hack CC
Mrs S Harvey
Dr. S. Hill CC
Cllr. P. Kitterick
Cllr. M. March

Mr. J. T. Orson JP CC
Mrs. R. Page CC
Mr T. Parton CC
Cllr. D. Sangster
Dr Janet Underwood
Miss G. Waller

In attendance

Caroline Trevithick, Deputy Chief Executive, LLR CCGs (minute 8 refers).
Sara Prema, Executive Director of Strategy and Planning, LLR CCGs (minute 8 refers).
Sam Leak, Director of Operational Improvement, UHL (minute 8 refers).
Eleanor Meldrum, Deputy Chief Nurse, UHL (minute 8 refers).
Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs (minute 9 refers).

1. Chairman and Vice Chairman.

It was noted that as per the Working Arrangements and Terms of Reference of the Committee, for the 2020/21 year the Chairman Dr. R.K.A Feltham CC was nominated by Leicestershire County Council and the Vice Chairman Cllr. Patrick Kitterick was nominated by Leicester City Council.

2. Minutes of the previous meeting.

The minutes of the meeting held on 3 July 2020 were taken as read, confirmed and signed.

3. Question Time.

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

1. Question by Mrs Sally Ruane

How many JHOSC meetings will take place during the period of the forthcoming NHS consultation and will they scrutinise the proposals for acute hospital reconfiguration?

Reply by the Chairman:

Assuming the consultation runs to the planned timetable, two meetings of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee are due

to take place during the consultation period (those meetings are currently scheduled for 15 October 2020 and 14 December 2020) and it is intended that the UHL Acute and Maternity Reconfiguration consultation will be on the agenda of both those Committee meetings.

2. Question by Mrs Sally Ruane:

Will the JHOSC use its powers to collect evidence from a range of individuals and groups in the community regarding the acute hospital reconfiguration proposals?

Reply by the Chairman:

The Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee is expecting senior representatives from UHL and LLR CCGs to attend Committee meetings to present and answer questions on the UHL Acute and Maternity Reconfiguration consultation. Whilst the Committee does not intend to independently call witnesses relating to the consultation nor conduct research separately to UHL and LLR CCGs, the Committee meetings are public and residents of Leicestershire, Leicester and Rutland are welcome to submit comments and questions to the Committee which the Committee will have regard to when formally responding to the consultation.

Supplementary Question

Mrs Ruane asked whether the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee would be taking advice from The Consultation Institute when scrutinising the UHL Acute and Maternity Reconfiguration consultation.

The Chairman replied as follows:

Members of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee have already provided the CCGs feedback on the UHL Acute and Maternity Reconfiguration consultation plans and Pre-Consultation Business Case at a private meeting on 20 August 2020, however the Chairman would take advice from County Council officers on whether the Committee required any further input from consultation experts.

4. Questions asked by Members.

The Chairman reported that no questions had been received from members under Standing Order 7(3) and 7(5).

5. Urgent Items.

There were no urgent items for consideration.

6. 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. No declarations were made.

7. Presentation of Petitions.

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

8. Covid-19 Update.

The Committee considered a joint report of the three Clinical Commissioning Groups in Leicester, Leicestershire and Rutland (CCGs), and University Hospitals of Leicester NHS Trust (UHL), which provided an update on the actions taken by the local NHS to ensure preparedness for the increased pressures caused by the Covid-19 pandemic, and actions being taken to recover and restore non-COVID services in particular those relating to cancer. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Caroline Trevithick, Deputy Chief Executive, LLR CCGs, Sara Prema, Executive Director of Strategy and Planning, LLR CCGs, Sam Leak, Director of Operational Improvement, UHL and Eleanor Meldrum, Deputy Chief Nurse, UHL.

Arising from discussions the following points were noted:

- (i) Concerns were raised by a member that the cancer presentation slides included in the agenda pack were difficult for a lay person to understand. In response the CCG agreed to provide the Committee with more easy to read documentation regarding cancer performance with the technical issues explained.
- (ii) The Single Access Point telephone number was available to the public to call and access mental health services throughout the Covid-19 pandemic. There were plans to invest in mental health locally and ensure the Mental Health Standards were adhered to.
- (iii) Reassurance was given that NHS managers in UHL provided support to colleagues with regards to their wellbeing and mental health and a letter of thanks had been sent to all staff from the Chief Executive and Chairman. Professional development of NHS staff was being continued despite the pandemic as it was felt this was good for staff wellbeing.
- (iv) NHS managers were quick to recognise where hotspots were occurring in terms of service demand and where services were being impacted due to staff shielding, and managers allocated the appropriate staffing cover.
- (v) Members questioned whether patients with cardiac or mental health issues were being deterred from presenting at hospitals during the Covid-19 pandemic. It was agreed that the CCGs would provide an answer to members after the meeting.
- (vi) Concerns were raised by members that the communications process for reminding patients to have their flu vaccine was confusing and as a result it was difficult for members to explain to the public how the process worked and if and when patients would be contacted. Further concerns were raised that patients that decided not to have flu vaccines in previous years may wish to have one this year but could get missed from any communications. The CCGs offered to provide members with written clarification of the communication process after the meeting.

- (vii) The PPE Portal had a weekly order limit for each NHS service to prevent each service stockpiling PPE when it was needed elsewhere. Members queried what would happen should the limit be exceeded and requested further data regarding the PPE weekly order limit. Reassurance was given by the CCGs that the PPE process had worked well so far during the pandemic.
- (viii) Many elderly people appreciated the reassurance of a face to face medical appointment and the NHS acknowledged that they could not entirely rely on video consultations and reassured that there were plans for some face to face appointments to still take place where it was clinically appropriate.
- (ix) The Phase 3 recovery plans as set out in the letter dated 31 July 2020 from NHS Chief Executive Sir Simon Stevens had not been put on hold as a result of the recent increase in new Covid-19 cases. The recovery planning was happening at the same time as the planning for surges in demand was taking place. The recovery status was reviewed twice a week. Health services were not expected to return to exactly as they were before the pandemic began and there was no precise date for when the 'new normal' would be reached.

RESOLVED:

- (a) That the update on the actions taken in the local NHS to ensure preparedness for the increased pressures caused by the Covid-19 pandemic, and the actions being taken to recover and restore non-COVID services, be noted.
- (b) That officers be requested to provide a report for a future meeting of the Committee on the impact of Covid-19 on dentistry in Leicester, Leicestershire and Rutland.

9. NHS 111 First.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) regarding the NHS 111 First initiative which aimed to ensure that patients attended the appropriate NHS facility for their needs and did not attend the Accident and Emergency Department when there were other more appropriate venues for them to receive healthcare. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs.

Arising from discussions the following points were noted:

- (i) Members felt that the public needed greater clarity on what NHS 111 was for and when they should use it. Members emphasised the importance of clear communication to the public regarding which services they could use and when, particularly in relation to whether patients needed to make appointments before attending urgent care centres. It was suggested that flow charts could be used to demonstrate to the public how NHS 111 interlinked with the rest of the local health services.
- (ii) Consideration needed to be given to how the NHS communicated with people that resided in rural areas and whether print media or leaflet drops were the best method.

- (iii) Members raised concerns regarding the capacity of the NHS 111 service and whether it would be able to cope with additional demand caused by NHS 111 First publicity. In response reassurance was given that the scheme would not be promoted to the local population until the level of resilience was certain and a soft launch would take place over the coming weeks. Should the local NHS 111 service be overloaded with calls then the calls were automatically transferred to NHS call handlers elsewhere in the country.
- (iv) Concerns were raised by members that the NHS 111 call handlers had no clinical training and were merely following a checklist in order to refer patients for the appropriate advice and/or treatment. In response reassurance was given that as a result of national funding that had been received additional call handlers and clinicians were being recruited for the NHS 111 service and consideration was being given to the mix that was required. There were times when it was better for the call handler to send a patient straight to the Emergency Department rather than referring them to talk to a clinician on the phone.
- (v) After the initial call between a patient and the NHS 111 service had taken place, two further attempts would be made by NHS 111 to contact the patient and ensure their wellbeing. There was a risk that should the patient miss those two further calls they would lose contact with the NHS, however patients were advised to attend the Emergency Department if they were unable to access any other kind of support.
- (vi) Patients that lived near County borders would be referred to the nearest Emergency Department to where they resided even if it was in a different County, they would not automatically be referred to the Emergency Department in their own County. It was agreed that further details would be provided to members after the meeting regarding how the system chose which medical facilities to refer patients to.
- (vii) Members were interested to see more data on the numbers of patients attending the Emergency Department as opposed to calling NHS 111. They were also interested in seeing any data from the pilots which took place in Devon and London. The CCG agreed to find out what data could be shared with members.
- (viii) Given that patients were being advised to stay away from Leicester Royal Infirmary wherever possible a member questioned whether drugs could be accessed locally out of hours and whether there could be stock piles at community hospitals. The CCGs agreed to investigate this situation and report back to members.

RESOLVED:

That the update on NHS 111 First be noted.

10. Director of Public Health for Leicestershire update on Covid-19.

The Director of Public Health for Leicestershire gave a verbal update on the spread of Covid-19 in Leicester, Leicestershire and Rutland and the measures being taken to prevent further spread.

Arising from the Director's update the following points were noted:

- (i) Leicester City was no longer an outlier with regards to the numbers of people testing positive for Covid-19. The figures were broadly similar to the rest of the nation. There was a trend that the Districts of Leicestershire which were closer to Leicester City centre such as Blaby, and Oadby and Wigston, had higher numbers of positive Covid-19 cases than other Districts.
- (ii) An announcement from the Prime Minister was expected that day which could introduce further social restrictions in England.
- (iii) The Director of Public Health acknowledged concerns raised by members regarding delays in Covid-19 testing results being received. He explained that some of these delays were due to backlogs at the testing laboratories and provided some reassurance that the Lighthouse Laboratory in Loughborough would provide additional testing capacity. Testing slots and lab capacity was protected for Leicester and Leicestershire residents to ensure there was sufficient capacity for local people. Testing needed to be prioritised for those that had Covid-19 symptoms and this message appeared to be getting through to the public locally if not nationally.
- (iv) Members requested an update on what level of antibody testing was taking place and the Director of Public Health agreed to provide an update after the meeting.
- (v) A member raised concerns that some Leicestershire residents were deterred from taking Covid-19 tests because a positive result would affect their insurance. The Director of Public Health agreed to investigate this after the meeting.
- (vi) A member requested to receive local data regarding the percentages of patients in hospital with and without Covid-19, how many Intensive Care Unit admissions there had been for patients with Covid-19, and how many hospital deaths from Covid-19 there had been. UHL agreed to establish whether this information could be made available and provide it to the Committee after the meeting.

RESOLVED:

That the update from the Director of Public Health be noted.

11. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on 15 October 2020 at 10:00am.

10.00 am - 12.45 pm
23 September 2020

CHAIRMAN