



Minutes of a meeting of the Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Thursday, 18 March 2021.

PRESENT

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

Mr. D. C. Bill MBE CC
Mr. J. G. Coxon CC
Mrs. A. J. Hack CC
Dr. S. Hill CC

Mr. J. Morgan CC
Mr. J. T. Orson JP CC
Mrs. R. Page CC
Mr T. Parton CC

In attendance

Mr. L. Breckon JP CC, Cabinet Lead Member for Health, Wellbeing and Sport.
Kate Allardyce Senior Performance Manager, NHS Midlands and Lancashire
Commissioning Support Unit.

Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City
CCG.

Note: The meeting was not open to the public in line with Government advice on public gatherings however the meeting was broadcast live via YouTube.

41. Minutes of the previous meeting.

The minutes of the meeting held on 13 January 2021 were taken as read, confirmed and signed.

42. Question Time.

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

43. Questions asked by members..

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

44. Urgent items.

There were no urgent items for consideration.

45. 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.

46. Declarations of the Party Whip.

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

47. Presentation of Petitions.

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

48. Recommissioning of Domestic and Sexual Violence and Abuse Services.

The Committee considered a report of the Director of Public Health which informed of the plans for the recommissioning of the domestic and sexual violence and abuse services (DSVA) and the proposed model for DSVAs. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mr. L. Breckon JP CC, Cabinet Lead Member for Health, Wellbeing and Sport, to the meeting for this and other items.

Arising from discussions the following points were noted:

- (i) Responsibility for commissioning DSVAs had recently transferred from the Children and Family Services department within the County Council to the Public Health Department which was why the Health Overview and Scrutiny Committee had not had the opportunity to scrutinise the service previously.
- (ii) Domestic and sexual violence and abuse services in Leicester, Leicestershire and Rutland currently comprised the United Against Violence and Abuse (UAVA) service which was delivered by a consortium comprising Women's Aid Leicestershire Ltd (WALL), Free From Violence and Abuse (Freeva), and Living Without Abuse (LWA). In response to a question about the efficiency of having 3 separate organisations delivering the DSVAs service it was explained that as commissioners Public Health were not in control of which organisations submitted a bid and could not pre-judge which organisation would win the contract. Members asked for a flow diagram which demonstrated how all the partner organisations linked in together on Domestic Abuse and what proportion of the funding each received and the Director of Public Health agreed to provide this.
- (iii) The specifications of the DSVAs service stated that it was required to meet the needs of all victims which would include males as well as females.
- (iv) There were concerns that the current service was very output focused when it was preferable for it to be more outcomes focused with the emphasis on improving the health and wellbeing of the people of Leicestershire rather than meeting Key Performance Indicators. The Director did not want to be too prescriptive with the way the new services were carried out. Moving the service to a more local model for Leicestershire would mean that local need could be better taken into account for example in rural areas and local contract performance monitoring could take place. It was suggested that future performance reports to the Committee could contain the performance data relating to domestic and sexual violence and abuse services.

- (v) Leicester City Council was leading on procurement of Domestic violence and abuse Perpetrator Interventions. However, Leicestershire County Council was aware that the majority of perpetrator programmes were focused on those perpetrators that wanted to change their behaviours whereas the County Council preferred to invest in a programme that would work with all perpetrators whether they wished to change their behaviour or not. The County Council was carrying out further work in this regard and in the meantime it was intended that Leicestershire County Council would spot purchase the Perpetrator Interventions service. Aside from the local authority led perpetrator work there was other work taking place with perpetrators across the criminal justice system.
- (vi) The Government had provided additional funding to local authorities to provide safe accommodation for abuse survivors and their families, and Leicestershire had received £1.1 million from this fund. Consideration was being given to where this money should be spent and the governance arrangements around it. It was hoped that the funding would not just provide a refuge for victims but help put in place wider initiatives for keeping survivors safe.
- (vii) Commissioning partners did liaise and engage with Community Safety Partnerships particularly during development of the draft proposal. Also a representative from Public Health attended Leicestershire Safer Communities Strategy Board meetings.
- (viii) Consideration was being given to whether the Health Overview and Scrutiny Committee could, jointly with other scrutiny Committees carry out a wider piece of scrutiny work related to what initiatives the County Council had in place to protect women from violence and harm.

RESOLVED:

- (a) That the update regarding the recommissioning of the domestic and sexual violence and abuse services (DSVA) and the proposed model for DSVA be noted;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 23 March 2021.

49. Health Performance and LLR Health System Governance and Design Group Update.

The Committee considered a joint report of the Chief Executive and the CCG Performance Service which provided an update on public health and Clinical Commissioning Group (CCG) performance in Leicestershire and Rutland based on the available data at the end of February 2021. The report also outlined the latest position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group Formation. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Kate Allardyce Senior Performance Manager, NHS Midlands and Lancashire Commissioning Support Unit and Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City CCG.

Hannah Hutchinson gave a presentation regarding the Design Groups and system governance in Leicester, Leicestershire and Rutland. A copy of the presentation slides is filed with these minutes.

Arising from discussions the following points were noted:

Design Groups and System Governance

- (i) The Design Groups were part of the move towards an Integrated Care System (ICS) in LLR and a shadow ICS was to be in place from April 2021. The model would include three levels: System, Place and Neighbourhood. It was noted that the Neighbourhood level would comprise of areas with a population of 30,000 to 50,000 people but a member questioned whether that was too large an area to be described as a Neighbourhood and suggested most people consider their neighbourhood to be a much smaller area. Members welcomed the plans for the new system and supported the aims.
- (ii) In response to a question from a member regarding where the Health Overview and Scrutiny Committee fitted into the governance structure it was agreed that further consideration would be given to this by the CCGs and a new diagram circulated.
- (iii) It needed to be ensured that each Primary Care Network had access to equipment such as electrocardiogram machines so that patients could undergo non-urgent procedures locally and that hospitals were reserved for patients with acute needs. Further work was being undertaken by the CCGs in this regard.
- (iv) There were a number of different ways the CCGs interacted with patients and the public including through Healthwatch and Patient Participation Groups and it was intended that once the ICS was in place meaningful conversations with patients would still take place. The CCGs offered to provide further details regarding public engagement to the Board after the meeting.

Public Health and CCG Performance

- (v) Since the performance report had been published cases of Covid-19 had reduced by 9% across Leicestershire. On 5 March 2021 the LLR SAGE Committee had downgraded the alert level from level 5 to level 4 and University Hospitals of Leicester NHS Trust had also set their alert level to 4.
- (vi) When the Covid-19 pandemic first began there had been a reduction in cancer referrals compared to the previous year however this reduction did not continue and referrals subsequently increased to a similar level to the previous year. As a result of the pandemic some cancer procedures were being carried out by private hospitals on behalf of the NHS. NHS England had asked CCGs to continue the contracts with the independent sector into the 2021/22 financial year as there was still work to do to catch up on the backlog. Whilst awaiting procedures the patients were being clinically reviewed and prioritised.
- (vii) Due to the nature of the 'one year survival from all cancers' metric the data took a long time to be reported. It was expected that the next set of data for that metric would be available in May 2021.
- (viii) With regards to the Improving Access to Psychological Therapies metric it was noted that extra training places for high intensity workers were being made available. In response to questions from a member it was agreed that further details and clarification regarding this would be provided to members after the meeting.

- (ix) Appendix 2: The CCG Performance Dashboard did not contain any data for the metric 'Proportion of People with a learning disability on the GP register receiving an annual health check' because Appendix 2 had been taken from NHS England's national data source. However, locally the CCGs received data on a weekly basis regarding the proportion of people with learning disabilities receiving health checks.
- (x) It was noted that the percentage of adults classified as overweight or obese was high yet the percentage of physically active adults was also high and it was therefore questioned whether these two data sets were contradictory. The Director of Public Health stated he would give this issue further consideration but emphasised that diet also played a part in people's weight. It was noted that the time period for both sets of data was 2018-19 therefore the Covid-19 pandemic and lockdown could not have impacted on the data.
- (xi) The data for 'Breastfeeding prevalence at 6-8 weeks after birth' was available but could not be published due to data quality issues. The data for 'HIV late diagnosis' was also available but could not be published because the numbers were so small that individuals could potentially be identified from the data.
- (xii) Members asked that future performance reports contain a glossary of commonly used phrases and acronyms in relation to the health and care system. It was also requested that when data was provided more information be provided to explain the context for example how Leicestershire compared to the rest of the country. It was suggested that the performance reports that were submitted to CCG Board meetings could also be forwarded to the Health Overview and Scrutiny Committee, though as they covered the whole of LLR the data would not be broken down into Leicestershire.

RESOLVED:

- (a) That the update regarding the Leicester, Leicestershire and Rutland Health System Governance, Structure and Design Group Formation be welcomed;
- (b) That the performance summary and issues identified be noted.

50. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on Wednesday 2 June 2021 at 2.00pm.

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