Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 10 November 2021.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. S. L. Bray CC	Mrs. A. J. Hack CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. J. Grimley CC	Mr. C. A. Smith CC

In attendance

Rachna Vyas, Director of Integration and Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minute 34 refers).
Paula Vaughan, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 35 refers).
Richard Lyne, Divisional Director, East Midlands Ambulance Service (minute 36 refers).
Fiona Lennon, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 36 refers).
Ben Ryrie, County Co-ordinator & Training Officer, East Midlands Ambulance Service (minute 37 refers).
Paul Williams, Head of Service, Leicestershire Partnership NHS Trust (minute 38 refers).
Mark Powell, Deputy Chief Executive Officer, LPT (minute 38 refers).

27. Minutes of the previous meeting.

The minutes of the meeting held on 1 September 2021 were taken as read, confirmed and signed.

28. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

29. Questions asked by members.

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

30. Urgent items.

There were no urgent items for consideration.

31. 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.

32. Declarations of the Party Whip.

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

33. Presentation of Petitions.

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

34. Access to Primary Care Services.

The Committee considered a report of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an update on access to GP practices in Leicestershire, the challenges faced by general practice and details of the initiatives being taken to improve access. 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, Director of Integration and Transformation, LLR CCGs. In an update to the data provided in the report Rachna Vyas informed members that from September 2019 to September 2021 appointment availability at GP Practices had increased from 351,000 to 378,000 a rise of 7.6%. Face to face appointments had risen to 67% for West Leicestershire and 71% for East Leicestershire and Rutland.

Arising from discussions the following points were noted:

(i) In response to Members' concerns regarding the variation in the services offered by GP Practices across Leicestershire the CCGs gave reassurances that they were systematically monitoring which practices had so far returned to the pre-pandemic levels of service and were tackling the issue of variation. The CCGs were working with and supporting 20 GP Practices where service availability was currently not at the required level. Prior to the Covid-19 pandemic many GP Practices in Leicestershire had been allowing patients to book appointments online but this practice ceased during the pandemic and calling the Practice at 8.00am had become the only option for patients to book appointments. This policy had caused congestion on the phone lines early in the morning and led to some discontent amongst the public. It was hoped that by resuming the online booking service many of these problems would be resolved and as the pandemic had eased some practices had begun re-introducing the online service but not all had. To gain a better understanding of patient need the CCGs were using the Adjusted Clinical Group Data Set which divided patients into stratified risk categories and showed where there was unexplained variation across GP Practices.

(ii) The care navigators that answered the phone at GP Practices were trained to ask questions and if possible refer a patient to the appropriate service, such as a

physiotherapist, without having to book a GP appointment, which further helped reduce congestion.

(iii) In response to concerns raised about the quality of care provided by GP Practices reassurance was given that a multidisciplinary team monitored quality but no major issues had been observed.

(iv) Although the number of GPs working in Leicestershire was reducing, partly due to retirements, the hours GPs were working was increasing. Some of the appointments which were traditionally carried out by GPs were now being carried out by pharmacists. Discussions were taking place with local dental and optical committees to see what further assistance those sectors could provide.

(v) There was confusion amongst patients regarding where to go to be seen by a medical professional out of hours. To tackle this issue a map had been created which explained where patients could go at any point during a 24 hour period. Early checks had demonstrated that the map was easy to understand for patients but further testing with patient groups was being undertaken. The map would be published in both paper form and online.

RESOLVED:

That the update on access to GP practices in Leicestershire and the initiatives being taken to improve access be noted.

35. Restoration and Recovery of Elected Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the impact of the Covid pandemic on elective care and waiting lists with a specific focus on the scale of the impact for those people living in within the Leicestershire county boundary who were on the University Hospitals of Leicester NHS Trust (UHL) list for elective care, diagnostics and/or treatment. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Paula Vaughan, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The term 'restoration' referred to returning elective activity to pre-covid levels and 'recovery' referred to adding additional capacity to that which was normally available to enable waiting lists to be recovered to 2019 numbers. In response to a question from a member it was confirmed that the NHS was not accepting the current situation as 'the new normal' and the ambition was to return to pre-covid levels of service as a minimum.

(ii) The amount of incidents where patients had to wait over 52 weeks for treatment was currently at 6,162 and the amount waiting over 2 years for treatment was 387. It was clarified that these figures related to the number of pathways of care rather than the number of individual patients. An individual patient could be waiting for more than one pathway of care therefore a patient could be included more than once in the figures. It was agreed that future reports to the Committee would include the data for the number of patients as well as the number of pathways.

(iii) The amount of cervical screening (smear tests) taking place had not yet returned to pre pandemic levels but it was expected that smear testing levels would soon be back to normal. A member raised concerns that people with daytime jobs were unable to attend smear test appointments and asked that consideration be given to changing the access model.

(iv) GPs with special interests and skills were being used to help with the backlog of elected procedures.

(v) Concerns were raised regarding the impact of waiting on patients and the possibility that their condition could worsen during the wait and they could ultimately require more invasive treatment once they finally got an appointment. In response reassurance was given that patients on the waiting list were clinically reviewed and provided with physical and emotional support whilst they were waiting. Patients that required orthopaedic procedures were being prioritised and offered additional support including access to physiotherapy.

(vi) Work need to take place with partners on the wider impacts of the pandemic and population health management.

(vii) A member stated that more data was required on the nature of the procedures patients were waiting for and giving a breakdown of the geographical areas the patients were from. The member was of the view that there needed to be greater partnership working and information sharing between the NHS and local authorities.

(viii) A piece of work was to be undertaken which would gain feedback from those patients on waiting lists about their experiences, and the support of members in collecting this feedback would be welcomed.

RESOLVED:

That the update on the impact of the Covid-19 pandemic on elective care be noted.

36. <u>East Midlands Ambulance Service update.</u>

The Committee considered a report of East Midlands Ambulance Service (EMAS) which provided a general update in relation to EMAS with specific exploration in relation to the clinical handovers of patients at University Hospitals of Leicester (UHL) Emergency Department. A copy of the report, marked ‘Agenda Item 10’, is filed with these minutes.

The Committee welcomed to the meeting for this item Richard Lyne, Divisional Director, EMAS and Fiona Lennon, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The national standard set by NHS England and Improvement (NHSEI) was for all emergency departments to take a clinical handover of a patient from the ambulance service within 15 minutes of arrival at the hospital. In response to concerns that the target was no longer achievable it was explained that the target had been set several years previously and decisions on whether the target was updated needed to be made at a national level.

(ii) The handover delays were a result of backlogs throughout the health and care system in Leicestershire not just at the Emergency Department. Patients at UHL were occupying beds for much longer and taking longer to be discharged. In addition Emergency Department attendances were currently higher than for the same period in 2019. There had also been an increase in the amount of patients walking into the Emergency Department without having been conveyed there by EMAS.

(iii) To avoid patients requiring admittance to the Emergency Department EMAS were able to take patients directly to some UHL departments for example to Glenfield Hospital for cardiac and respiratory matters. The Urgent Treatment Centre at the Leicester Royal Infirmary site was also available for those patients with primary care needs. Where appropriate, patients were being directed to a pharmacist rather than being seen in the main Emergency Department.

(iv) The Emergency Department at the LRI was also making use of the Emergency Care Improvement Support Team (ECIST) to ensure that good practice was shared.

(v) Concerns were raised that patients that were not able to access primary care appointments and were confused about where else they could go were attending the Emergency Department even though their medical issue was not suitable for the Emergency Department. An audit of patients attending the Emergency Department had recently been completed which indicated that approximately 150 patients per day were presenting with purely primary care needs and a further 100 more patients a day were presenting with injuries that could have been dealt with elsewhere.

RESOLVED:

That the update in relation to EMAS and particularly the clinical handovers at the Emergency Department be noted with concern.

37. Distribution of Automated External Defibrillators in Leicestershire.

The Committee considered a joint report of the Director of Public Health and East Midlands Ambulance Service (EMAS) regarding the availability and coverage of public access defibrillators (PAD) within Leicestershire. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Ryrie, County Co-ordinator & Training Officer, EMAS.

Arising from discussions the following points were noted:

(i) Whilst the defibrillators managed and maintained by EMAS were known about and logged, there was a lack of information regarding the numbers of defibrillators at private addresses. It was possible that many of these had never been used and had not been maintained so that if they were required to be used they would not be in good working order. It was important to recharge the batteries and replace the electrode pads. Nationally only 1 in 20 defibrillators had actually been used, though the figures for Leicestershire were not available.

(ii) Those people responsible for defibrillators were asked to ensure that EMAS were made aware of their locations so they could be used in an emergency. They could do this by registering with The Circuit – The National Defibrillator Network which connected defibrillators to NHS ambulance services across the UK.

(iii) It was important that the public were educated and received training on administering CPR and how to use a defibrillator. Organisations such as HeartWise and the Joe Humphries Memorial Trust ran training events and carried out a lot of work to raise awareness but more could be done. First Aid had recently become part of the National Curriculum and was being taught in schools therefore any additional training and awareness raising needed to be targeted at older generations that had not had the benefit of this training.

RESOLVED:

(a) That the update regarding the availability and coverage of defibrillators within Leicestershire be noted.

(b) That Committee members be requested to assist with publicising the need for defibrillators to be registered and maintained.

38. Eating Disorders in children and adults.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) regarding the provision of services for Children and Young People (CYP) and adults with clinical eating disorders in Leicester, Leicestershire and Rutland and some national and local context regarding the impact of the Covid19 pandemic on those living with or predisposed to having an eating disorder through the increase in referrals. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed to the meeting for this item Paul Williams, Head of Service, LPT and Mark Powell, Deputy Chief Executive Officer, LPT.

Arising from discussions the following points were noted:

(i) Eating Disorders were being more widely spoken about and there had been some high profile deaths in recent years. Eating disorders had the highest mortality rate of all psychiatric disorders with some deaths being caused by malnutrition and others as a result of suicide. In response to a question from a member it was agreed that the precise figures for mortality rates would be provided to members after the meeting.

(ii) There had been a significant rise in referrals for eating disorders during the Covid-19 pandemic and these were believed to be partly due to a general rise in anxiety which exacerbated eating disorders, and also an increased use of social media during the pandemic. LPT staff had received additional training in how social media could exacerbate eating disorders and were using this training during their interactions with service users. It was also likely that because parents and children had been confined to the family home during the pandemic more parents had become aware of eating disorder related behaviours in their children which had also contributed to the increase in referrals.

(iii) It was not known exactly how the pandemic would progress in the coming months and years therefore it was difficult to predict whether there would continue to be a rise in eating disorder referrals and exactly what measures would need to be taken to manage those referrals. However, LPT had invested in services in order to cope with the extra demand. Patients were triaged to ascertain the level of urgency and there was a duty system which monitored both children and adults whilst they were waiting for a formal appointment. The Home Intervention Team provided community outreach support to those people acutely unwell including intensive psychological support, mealtime support and physical health monitoring.

(iv) In response to a question from a member regarding the numbers of new adults being dealt with it was explained that some of these people had previously been categorised as children and recently become adults and some were people that were already adults that had suddenly developed eating disorders. It was agreed that the precise figures and breakdown would be provided to members after the meeting.

(v) Early intervention in eating disorder cases was key. LPT was taking part in a pilot for the First Episode Rapid Early Intervention for Eating Disorders (FREED) pathway which aimed to prevent first episode cases being on the waiting list. This pathway related to both adults and children and young people.

(vi) There were specific guidelines in place for monitoring pregnant women for example regularly checking their blood to ensure that the eating disorder would not have a negative impact on the baby.

RESOLVED:

That the update regarding the provision of services for Children and Young People and adults with clinical eating disorders in Leicester be noted.

39. Engagement on the Council's Strategic Plan.

The Committee considered a report of the Chief Executive, the purpose of which was to seek the Committee's views on the draft Strategic Plan (2022 – 26) as part of the 12-week public consultation period which commenced on 1 November 2021. A copy of the report marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Whilst the Strategic Plan contained specific Strategic Outcomes relating to health and keeping people safe and well, the work of the Public Health department linked in with many more of the Outcomes in the Plan not just those which specifically referred to health. For example, Public Health would be involved in partnership working with regards to domestic abuse, substance misuse, mental health and environment and transport. Whilst the County Council could achieve some of the aims in the Strategic Plan by itself others required working with partners such as District Councils, National Highways and the community sector.

(ii) Some of the health related actions in the Strategic Plan would be fairly generic across County Councils however the Plan also included key aims and actions which were unique to Leicestershire.

(iii) Concerns were raised by members that the 4 year period of the Strategic Plan was insufficient length to achieve some of the outcomes in the plan and the Council needed to plan much further ahead. In response it was explained that whilst the outcomes reflected the Council's long-term vision and aspirations, they were accompanied by specific aims which set out how the County Council would work towards achieving the outcomes over the following 4 years.

(iv) The actions in the Strategic Plan were not exhaustive and as the 4 years went on departments would be asked to add in more actions to achieve the aims.

(v) In response to concerns raised that the 12-month health checks for babies did not always take place, the Director of Public Health acknowledged that conversations needed to take place between the Public Health commissioning leads and Leicestershire Partnership NHS Trust to resolve these issues.

(vi) In response to concerns that public sports facilities were not always open, it was noted that those facilities were the responsibility of District Councils, but the County Council could play a role through Active Together in encouraging the public to undertake physical activity.

(vii) The public needed to be as well informed as possible when making decisions so they understood the consequences of certain actions.

(viii) The Strategic Plan set a target for the amount of disadvantaged adults in Leicestershire (e.g. those with learning disabilities, autism, and/or mental health conditions) who were in paid employment and living independently to exceed the national average, however members were of the view that this target was not ambitious enough and it was therefore agreed that further consideration would be given to how the target could be more ambitious.

(ix) In response to a suggestion from members that other targets in the Plan should be made more specific such as by including quantitative figures it was agreed to incorporate quantitative targets where feasible.

(x) Unpaid carers needed more help making their views known and consideration needed to be given to whether any advocacy work could be done on their behalf. In future this could be added as an additional action in the plan if it was deemed appropriate.

RESOLVED:

(a) That the update on the work undertaken to review and refresh the Council's Strategic Plan be noted.

(b) That the Chief Executive be requested to give consideration to the comments now raised as part of the consultation on the Council's Draft Strategic Plan (2022 – 2026).

40. Director of Public Health Update on Covid-19 and vaccinations.

The Committee received a verbal update from the Director of Public Health regarding the spread of Covid-19 in Leicestershire and progress with the vaccination programme.

As part of the update the following points were made:

(i) During the first week of the half term period in Leicestershire Covid-19 rates had dropped and this was at a time when the Covid rates in the rest of England were rising because the schools elsewhere were open. Then during the second week of half term in Leicestershire Covid rates rose locally by 20% and this was believed to be due to children being looked after by extended family and friends. The Covid rates in Leicestershire had continued to fluctuate over the following weeks.

(ii) Hospital admissions and deaths had remained stable.

(iii) Overall vaccination rates in Leicestershire were at 68% of the population, and in the over 50s rates were much higher than that, however vaccination rates decreased significantly in the under 50 age groups. Reassurance was given that Public Health, District Council and NHS colleagues were taking every measure possible to encourage people in the under 50 age groups to have the vaccine. Communications were being disseminated and social media was being used to raise awareness. Walk-in Covid-19 vaccination clinics were running at the King Power Stadium in Leicester.

(iv) The vaccination programme for 12-15 year olds had not progressed as well as had been hoped and approximately one quarter of that age group had been vaccinated so far. The model for providing vaccinations in schools was to change so that those schools that had not yet had a visit from the Covid vaccination clinic (35 schools in Leicestershire) would now receive the Covid and flu vaccinations on the same day. Those schools that had already been visited by the Covid vaccination clinic would receive the flu vaccination on a separate date. Those schools which were being visited by GPs and pharmacists rather than the Vaccine and Immunisation Service would continue as planned.

(v) In response to a question from a member regarding progress of the vaccine booster programme in care homes the Director of Public Health agreed to check the situation and provide an update after the meeting.

RESOLVED:

That the contents of the update be noted.

41. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 19 January 2022 at 2.00pm.

2.00 - 4.30 pm CHAIRMAN
10 November 2021

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