



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 15 June 2022.

PRESENT

Mr. M. H. Charlesworth CC
 Mr. K. Ghattoraya CC
 Mr. D. Harrison CC
 Mr. R. Hills CC

Mr. J. Morgan CC
 Ms. Betty Newton CC
 Mrs. R. Page CC

In attendance

David Giffard - Senior Public Health Commissioning Manager at NHS England and NHS Improvement (minute 10 refers).
 Stephanie Cook - Senior Public Health Commissioning Manager at NHS England and NHS Improvement (minute 10 refers).
 Yasmin Sidyot - Deputy Director Integration & Transformation (City), Leicester, Leicestershire and Rutland CCGs (minute 11 refers).
 Fay Bayliss - Deputy Director of Integration and Transformation, Leicester, Leicestershire and Rutland CCGs (minute 11 refers).
 Helen Thompson - Director of FYPC and LD Services, Leicestershire Partnership NHS Trust (minute 12 refers).
 Colin Cross - Service Group Manager for Healthy Together (minute 12 refers).
 Kate Allardyce, Senior Performance Manager (Leicestershire CCGs), NHS Midlands and Lancashire Commissioning Support Unit (minute 14 refers).

1. Appointment of Chairman.

RESOLVED:

That Mr. J. Morgan 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 2023.

Mr. J. Morgan CC in the Chair

2. Election of Deputy-Chairman.

RESOLVED:

That Mr. P. King CC be appointed Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2023.

3. Minutes of the previous meeting.

The minutes of the meeting held on 2 March 2022 were taken as read, confirmed and signed.

4. Question Time.

The Chief Executive reported that one question had been received under Standing Order 34:

1. Question by Giuliana Foster

What actions will the Scrutiny Committee and CCG/ICS leads be taking to improve performance of the South Leicestershire Medical Groups GP practices following patient complaints and the CQC report?

Reply by the Chairman:

Health Scrutiny Committees do not have the power to take direct action regarding health services such as GP Practices, however, the Committee can try and influence health providers and make suggestions for improvements. The Committee uses Care Quality Commission (CQC) reports to aid scrutiny of particular services and identify areas of concern. The Committee can request that the providers of those services attend public Committee meetings and answer questions. For example, today's meeting has an agenda item relating to Primary Medical Care in Leicestershire and a representative from the Clinical Commissioning Groups (CCGs) will be attending to explain what is being done to improve Primary Care in Leicestershire. I expect there will be further agenda items on Primary Care in the future.

With regards to the particular issue of the South Leicestershire Medical Group I have sought information from the CCG in relation to this and they have provided me with the following response:

"The practice has taken on board the concerns raised by its patients and areas of improvement as identified in the Care Quality Commission report. Both the practice and the CCG, which is committed to supporting the practice, are pleased to note that the CQC report rated the practice as good in the caring domain and that staff treated people with kindness respect and compassion, while recognising that there are still further improvements to be made.

The practice has developed a robust improvement plan based on the CQC findings, which demonstrates a clear commitment by them to address the issues raised. It is recognised by all parties that that the plan will take some time to fully complete and for the actions to become embedded, although there are some areas which will require quicker action. The CCG, our Clinical Lead and our Quality team will continue working proactively with the practice to help them deliver the plan and, once delivered, support them further to ensure improvements are sustained.

Telephone access and general appointment availability are particular concerns that have been clearly highlighted by patients. The CQC did note that improvements had started in these areas, whilst recognising that there remains scope for further work.

Meanwhile, the CCG engagement team is providing additional support to the practice, including through with its Patient Participation Group, to ensure that patients remain involved in the improvement journey.”

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.

There were no formal declarations in relation to any of the agenda items however it was noted that Mrs. M. E. Newton CC had several relatives that worked for the NHS and Mr. R. Hills CC worked as a dentist.

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. National Screening Programmes.

The Committee considered a report of NHS England and NHS Improvement -Midlands which informed of the impact of the Covid-19 Pandemic on the National Screening Programmes in Leicestershire and the steps that had been undertaken to support recovery. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item David Giffard and Stephanie Cook, Senior Public Health Commissioning Managers at NHS England and NHS Improvement.

Arising from discussions the following points were noted:

- (i) The Antenatal and Newborn screening programme, along with the Cervical programme, had continued as normal throughout the Covid-19 pandemic with only minor disruption. The Abdominal Aortic Aneurysm screening service had been

paused in March 2020 in response to the pandemic but had now been fully recovered. The Bowel Cancer Screening programme was recovered however an additional cohort was being introduced into the programme which now meant the introduction of screening for 56-year olds. The Diabetic Eye Screening Programme was expected to be recovered by mid-July 2022 and the Breast Screening Programme would be recovered in a similar timescale.

- (ii) Members welcomed the progress that had been made in recovering the Screening Programmes and reported that few concerns had been raised by local residents in relation to screening.
- (iii) In response to a question from a member regarding the Breast Screening Mobile Unit which had visited Lutterworth prior to the Covid-19 pandemic it was explained that during the pandemic prioritisation decisions had to be made on the sites that the Mobile Unit visited and there were access problems with some of the sites. It was expected that the Breast Screening Mobile Units would resume their normal service, and after the meeting further details would be provided to the Committee in relation to the service in Lutterworth.
- (iv) Some demographics were less likely to come forward for screening and the Covid-19 pandemic had exacerbated health inequalities. NHS England was keen to work with stakeholders to tackle the problem and partnership groups had been put together.
- (v) The reduction in screening during the Covid-19 pandemic had an impact on detection rates and it was known that some cancers had been missed.

RESOLVED:

That the update regarding the impact of the Covid-19 Pandemic on the National Screening Programmes in Leicestershire be noted and the steps that had been taken to support recovery be welcomed.

11. Primary Care Improvement Plan.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups (CCGs) which provided an overview of Primary Medical Care in Leicestershire including the current priorities, issues and challenges. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Yasmin Sidyot, Deputy Director Integration & Transformation (City), and Fay Bayliss, Deputy Director of Integration and Transformation, Leicester, Leicestershire and Rutland CCGs.

Arising from discussions the following points were noted:

- (i) Concerns were raised by members that the plans for Primary Care were focused on how the workload of doctors could be reduced rather than how the experience of patients could be improved. Some members were of the view that as doctors were working from home they were distancing themselves from patients, and overall GP's were less accessible than they had been in previous years. In response the

concerns were acknowledged by the CCG and reassurance was given that it was not intended that doctors carry out less work but it was more about ensuring their time was spent carrying out work that GPs were intended to do. The way GP Practices operated had to change because there were currently less doctors available than previously and there would be less in the future so the best use of doctors' time had to be made. Therefore, there was a move away from GP Practices being focused on the doctor towards making use of a wider healthcare team. Patients were living longer and had more long term conditions which required a broader range of health professionals to deal with them. In response to a suggestion from a member it was confirmed that a document would be produced which explained to patients the roles of all the healthcare professionals at GP Practices and how they fitted together. One of the new staff roles in Primary Care Networks would be paramedics to help triage patients and treat minor injuries.

- (ii) Particular concerns were raised about Care Home residents who were unable to see a GP and the CCG agreed that this should not be the case and agreed to look into it further.
- (iii) There had been recent media coverage regarding greater use being made of chemists to make referrals for medical appointments and a member raised concerns about privacy at chemists, but it was noted that most chemists had a private consulting room. Other members were of the view that chemists should be utilised more.
- (iv) Where the report referred to 'appointments' this referred to a consultation with either a GP or another Healthcare professional and this could be either in person face to face, via a video call or a telephone call and included appointments booked in advance or on the same day. Currently in the County 68.3% of all appointments delivered were face to face i.e the patient was in the same room as the practitioner.
- (v) In response to concerns raised by members about the difficulties in obtaining an appointment with a GP Practice it was explained that various options were being considered to improve the process of booking an appointment. Cloud based telephony was being introduced but this would not help where delays were being caused by a lack of call handlers. Therefore, trials were taking place where admin staff across GP Practices worked collectively and answered calls for more than one Practice. Consideration was also being given to releasing appointments gradually throughout the day rather than making them all available for booking early in the morning. All GP Practices had the facility for appointments to be booked online but not all practices had resumed using this facility since the Covid-19 pandemic and work was taking place to encourage all GP Practices to offer this facility.
- (vi) A member suggested that Facebook and other social media were useful tools for GP Practices to get messages to patients such as when the practice was closed or phone lines were not working.
- (vii) Members were of the view that patients would have more confidence with a video appointment than a telephone appointment and GP Practices should invest in the technology required for video appointments. In response it was explained that GP Practices began providing video appointments during the Covid-19 pandemic but the implementation was piecemeal due to the urgency at the time. Going forward consideration was being given to how video technology could be implemented in a more joined up manner across GP Practices. Though it was noted that one style of

offering video appointments would not suit all practices and there would have to be some bespoke procedures in place.

- (viii) Leicestershire County GP Practices delivered 388,894 appointments in March 2022 and in response to questions from members it was agreed that further information would be provided after the meeting regarding the number of GP appointments where the patient failed to attend including telephone and videocalls, and the breakdown of whether the appointments were with a GP, nurse or other health professional.
- (ix) Every single GP Practice was part of a Primary Care Network (PCN) and in response to a request from a member it was agreed to provide details of the Lutterworth PCN after the meeting.
- (x) A member raised concerns about poor people skills shown by staff at GP Practices in the Harborough area.
- (xi) Reassurance was given that quality assessments of GP Practices took place and work was ongoing to reduce variation in the way practices delivered services. The LLR CCGs had commissioned a support programme for all LLR Practices from the Royal College of General Practitioners.
- (xii) There were 7 County GP practices with active Care Quality Commission and/or Risk improvement plans in place. It was agreed to provide information to members after the meeting on the percentage of GP Practices across Leicestershire that were on the improvement list.
- (xiii) GP Practices were using Care Navigators to signpost patients to the most appropriate source of advice and support and the care navigators were working together with the Local Area Co-ordinators (LACs) as part of Integrated Neighbourhood Teams rather than duplicating the roles of LACs.
- (xiv) In response to a request from members the CCG agreed to provide a report to the Committee for later in the year regarding the actions being taken to improve Primary Care and timescales, who was responsible for carrying out the actions and how success would be monitored. It was also agreed that this report would cover the Next Steps for Improving Primary Care: Fuller Stocktake report.

RESOLVED:

- (a) That the overview of Primary Medical Care in Leicestershire including the current priorities, issues and challenges be noted with concern;
- (b) That officers be requested to provide a further report regarding Primary Care for a future meeting later in the year.

12. Recovery of 0-5 Health Visiting Contacts and Transition.

The Committee considered a joint report of Leicestershire Partnership NHS Trust and the Public Health department at Leicestershire County Council which set out the current

position in relation to the restoration and recovery of the Healthy Child Programme (HCP) universal contacts for children and families in Leicestershire, following the Covid-19 pandemic. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed to the meeting for this item Helen Thompson, Director of FYPC and LD Services, Leicestershire Partnership NHS Trust and Colin Cross Service Group Manager for Healthy Together.

Arising from discussions the following points were noted:

- (i) Members welcomed the progress that had been made with recovering the Healthy Child Programme since the Covid-19 pandemic and the plans that were in place for sustaining the service going forward.
- (ii) Concerns were raised by members that the full recovery of the service was reliant on recruitment challenges being resolved and the successful implementation of the workforce plan. In response it was explained that the programme had been very reliant on the Public Health nurse and so the model had been changed to reduce that reliance and make more use of a workforce that was available in Leicestershire. For example greater use could be made of nursery nurses as they had the skills in child development and upskilling them so they could carry out assessments on children. It was a case of getting the skill mix right and using the skills that were available.

RESOLVED:

That the update in relation to the restoration and recovery of the Healthy Child Programme (HCP) universal contacts for children and families in Leicestershire be welcomed.

13. Public Health Strategy 2022-2027.

The Committee considered a report of the Director of Public Health which advised on the development of the Public Health Strategy 2022-27 ahead of the Cabinet meeting on 24 June 2022, where approval for the Strategy would be sought. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

In introducing the report the Director explained that this was the first Public Health Strategy since the Department had transferred to the County Council from the NHS in 2013. Up until now the Health and Wellbeing Strategy had been the main Strategy document along with individual strategies for areas such as sexual health and substance misuse. The aim was to include Public Health aspirations in all of the County Council's strategies, not just those of the Public Health Department.

Arising from discussions the following points were noted:

- (i) Members welcomed the Strategy, particularly the emphasis on communities and putting residents' needs at its heart, and praised the initiatives that were proposed.
- (ii) A member noted that the Public Health Strategy 2022-27 made no reference to tackling drug problems. In response the Director explained that the Department carried out a lot of work in this area particularly in partnership with the NHS and agreed that it should be better reflected in the Strategy.

- (iii) A member suggested that current programmes being delivered in schools for tackling terrorism and knife crime could also be used for teaching about the dangers of drugs. In response the Director explained that there were strong links between the Public Health Department and colleagues working in Community Safety and one member of the Department specialised in community safety.
- (iv) The community asset based approach involved viewing people in communities as assets and taking advantage of particular skills and knowledge they may have.
- (v) Concerns were raised by members that only 30% of adult carers in Leicestershire had as much social contact as they would have liked (the national average was 35.5%) and it was questioned what impact the Covid-19 pandemic had on these figures. In response it was explained that the 30% figure was taken as the pandemic began and therefore was likely to be much worse now, however reassurance was given that the Public Health Department was working with colleagues in Adult Social Care to tackle the problem. Community Recovery Workers were looking at the affects of the Covid-19 pandemic and trying to encourage individuals to come out of their homes.

RESOLVED:

- (a) That the Public Health Strategy 2022-27 be supported;
- (b) That the comments now made be forwarded for consideration by Cabinet at the meeting on 24 June 2022.

14. Health Performance Update.

The Committee considered a joint report of the Chief Executive at Leicestershire County Council and the CCG Performance Service which provided an update on public health and health system performance in Leicestershire based on the available data on 17 May 2022 and an update on Health Inequalities as per the Leicester, Leicestershire and Rutland Health Inequalities Framework. A copy of the report, marked 'Agenda Item 14' is filed with these minutes.

The Committee welcomed to the meeting for this item Kate Allardyce, Senior Performance Manager (Leicestershire CCGs), NHS Midlands and Lancashire Commissioning Support Unit.

Arising from discussions the following points were noted:

- (i) With regards to the metric '% of patients seen within 2 weeks for an urgent referral for breast symptoms' the report gave the figures for March 2022 which were 66.67% for East Leicestershire and Rutland CCG and 31.25% for West Leicestershire CCG. The figures for April 2022 were now available and there had been a great improvement.
- (ii) It was noted that performance against most of the cancer targets was below the national target and therefore those metrics were rag rated as red. Much of this was due to the increase in referrals that was being received as patients began visiting their GP more after the Covid-19 pandemic. It was suggested that the Committee

could consider this matter in more detail at a future meeting and in particular how Leicestershire was performing compared to the rest of the country.

- (iii) In response to a suggestion from the Chairman regarding the usefulness of regional targets as well as national targets it was explained that benchmarking did take place against other organisations in the midlands and NHS England had set up peer groups of areas with similar population and demographics which the Leicestershire CCGs could be compared against.
- (iv) With regards to the Better Care For All Framework a member raised the following points:
- The Social Model of Health at page 108 made no mention of Mental Health.
 - The Strategic Actions to reduce health inequalities at the ICS level at page 114 made no mention of improving patient experience and access.
 - Figure 2 at page 107 which demonstrated the difference in health indicators between the most and least deprived local areas of LLR made reference to alcohol related hospital admissions but did not refer to drug related admissions.
- In response it was explained that the document had been created by the Health Inequalities team at the CCG and the member's comments would be forwarded onto that team.

RESOLVED:

- (a) That the update on public health and health system performance in Leicestershire and health inequalities be noted;
- (b) That officers be requested to provide a report for a future meeting of the Committee regarding performance against the cancer metrics.

15. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Wednesday 31 August 2022 at 2.00pm.

2.00 - 3.56 pm
15 June 2022

CHAIRMAN

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