Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 14 June 2023.

PRESENT

Mr. M. H. Charlesworth CC
Mr. D. Harrison CC
Mr. R. Hills CC
Mr. J. Morgan CC
Ms. Betty Newton CC
Mr. T. J. Pendleton CC
Mrs B. Seaton CC

In attendance
Mrs. L. Richardson CC – Cabinet Lead Member for Health.
Sarah Prema, Chief Strategy Officer, Integrated Care Board (Item 10 refers).
Adam Andrews Deputy Director of Planned Care, Leicester, Leicestershire and Rutland (LLR) (Items 10 and 11 refer).
Siobhan Favier, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (Item 11 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 2024.

Mr. J. Morgan CC in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mrs. B. Seaton 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 2024.

3. Minutes of the previous meeting.

The minutes of the meeting held on 1 March 2023 were taken as read, confirmed and signed.

4. Question Time.

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

5. Questions asked by members.

The Chief Executive reported that seven questions had been received under Standing Order 7(3) and 7(5), all from Mrs. A. J. Hack CC.

Questions by Mrs. A. J. Hack CC:

There was a report on screening that came to Health Scrutiny last June and 12 months on I have a few follow up questions:
https://politics.leics.gov.uk/documents/s169502/Screening%20Report%20HOSC%20150622%20V2.pdf

Breast Screening

1. The report indicated that Breast Screening was expected to report as recovered in July 2022. Was this target met?
2. Have all of the community locations that were in existence prior to the Pandemic for Breast Screening been re-established? If not which ones have not returned?
3. What % of women taking up the opportunity to attend breast screening, are attending?
4. Are there areas of the County where take up of breast screening is low?
5. In addition, Breast Cancer screening (as well as Cervical Cancer coverage) was highlighted to have declined for 5 months in the most recent performance report sent to Health Scrutiny in March, what work has been done to improve screening rates?

Bowel Screening

6. The report highlighted that there was a change in age for screening to start from 50 rather than 56 and that this objective would be achieved by August 2022, was this key date met?
7. In light of Bowel Screening changing to 50, what has been the take up in this age category?

Reply by the Chairman:

I have forwarded your questions to NHS England who are responsible for commissioning the National Screening Programmes and they have provided me with the following answers:

Breast Screening

1. The Breast Screening service was able to recover in June 2022, which meant it had cleared the backlog that that built up because of the Covid-19 pandemic. In addition to this achievement, of the screening round length – women called for their repeat screening within 36 months of their previous screen - is over 97% - this is the other measure of recovery and is linked to patients being invited in a timely manner.

2. The programme operates on a 3-year screening cycle and calls women based on the GP they are registered with – this means that the mobile vans will be located in the most appropriate locations for the population who are being called at that time. Now that the service is fully up and running again, all available locations will be used for screening. In addition to this the programme has received additional

resources for an additional new mobile screening unit to be brought online from October 2023 with locations still to be determined.

3. The most recent data is to the end of March 2023 and that figure was 61.7% uptake for the programme, which is an improvement on previously reported figures.

4. The latest available data we have access to at lower tier local authority data is from October 2022 – this indicates uptake at the following levels:
- Oadby and Wigston 62.8%
- Hinkley and Bosworth 66.6%
- North West Leicestershire 66.7%
- Charnwood 67.3%
- Harborough 68.9%
- Blaby 69.9%
- Melton 72.9%

This information would indicate that Oadby & Wigston has a lower rate than other areas in the County, but if we compare this to Leicester City which was at 44.4% for that period then the position does not seem to be a cause for concern. The nationally derived achievable standard is 70% and work is ongoing locally and with national support/focus to increase uptake.

5. Uptake rates for a number of screening programmes is challenging and this is often replicated across England. Both screening programmes highlighted fully participate in the national awareness weeks that take place annually and continue to constantly monitor uptake and look at ways of targeting areas of declining uptake. Examples of this are a targeted campaign to highlight the importance of breast screening for people with a learning disability and additional access for cervical screening via sexual health clinics and targeting areas with low uptake.

Bowel Screening

6. The reduction in the age for the eligibility for bowel screening is being phased over a 4-year period, with this being completed by March 2025. The August 2022 date was for 58-year-olds to be introduced into the programme, however due to ensuring that the service was in a position to take on these additional patients the actual go live date was the 17 October 2022. 54-year-olds will be eligible to be part of the programme this year and for Leicestershire the plan is that this will commence in September / October 2023 if not earlier.

7. The most recent available data is up to quarter 4 for the 2022/23 financial year – end of March 2023. This shows the uptake for the original age cohort of 60–74-year-olds at 67.48%, the 56-year-olds at 58.72% and for the 58-year-olds this is at 54.97%. The trend of a reduction in uptake as the age cohorts are being rolled out is being seen across England. It is the view that this will continue as the reduction in age to 50 progresses and will be monitored closely.

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.

Mrs. M. E. Newton CC declared a Non-Registrable Interest in agenda item 10: Hinckley Community Diagnostics Centre Update and agenda item 11: Restoration and Recovery of Elective Care, as she had two close relatives that worked for the NHS.

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. Hinckley Community Diagnostics Centre Update.

The Committee received a verbal update from the Integrated Care Board regarding the proposals to build a new Community Diagnostic Centre (CDC) and a Day Case Unit on the Hinckley and District Hospital (Mount Road) site.

The Committee welcomed to the meeting for this item Sarah Prema, Chief Strategy Officer, Integrated Care Board, and Adam Andrews, Deputy Director of Planned Care, Leicester, Leicestershire and Rutland (LLR).

As part of the verbal update the following information was provided:

(i) Government funding of approximately £14.5 million had been confirmed for the CDC. The CDC would provide the following diagnostic procedures:
- CT scans;
- MRI;
- X-ray;
- Ultrasound;
- Cardio-respiratory;
- Audiology;
- Dermatology;
- Phlebotomy;
- Endoscopy.

(ii) It was anticipated that the CDC would undertake approximately 89,000 activities a year.

(iii) The building work for the CDC was expected to be complete by November 2024 and the first patients would arrive in December 2024.

(iv) There had also been £7.35 million of funding allocated by NHS England in the national capital plan to replace the existing Day Case Unit at the Mount Road site. The new unit would provide the services that were currently on the site of Hinckley and District Hospital plus additional procedures. To secure the funding a business

case would be submitted to NHS England by the end of July 2023 for approval, and value for money had to be demonstrated in the business case. The new Day Case Unit was expected to open sometime in 2025.

Arising from further discussions the following points were made:

(i) Although the public consultation had finished there would be two further opportunities for the public to submit their views; in 6 months' time and immediately before the CDC opened.

(ii) In response to questions about when the building work on the site would start and what milestones were in place for the construction, it was agreed that a detailed timeline of the construction work would be provided to members after the meeting and the Board would be kept updated on how the construction work was progressing.

(iii) In response to a request as to how many new staff would be needed for the CDC it was agreed that this information would be provided after the meeting. Reassurance was given that there was enough time to recruit new staff and staff were attracted to working in new buildings which boded well for the new Hinckley Community Diagnostic Centre. Liaison was taking place with other Integrated Care Boards and health providers across the region to ensure that there was adequate staff across the region and that recruitment in one place did not cause staffing issues elsewhere.

(iv) In response to a question from a member about the employment packages being offered to staff to encourage them to work in Hinckley it was explained that the health and wellbeing of staff was being prioritised in order to help staff retention, and other incentives were being considered such as free parking and extra training and career development opportunities. The Committee offered to help publicise the new CDC and the employment opportunities that were available there.

(v) The proposals for Hinckley were similar to those currently in operation in Loughborough but not exactly the same because different localities required different workforce models. It was agreed that further information would be provided after the meeting regarding the differences between the services at Hinckley and Loughborough.

(vi) A member raised concerns about whether the proposals were ambitious enough going forward and whether they covered a far enough period into the future. In response reassurance was given that the new buildings were designed to be flexible so they could adapt to future developments. Medicine was always evolving, for example procedures which were required to be carried out in operating theatres in the past no longer required a theatre and procedures which previously had to be carried out under general anaesthetic could now be carried out under local anaesthetic.

(vii) The bid for funding was dependent on it being demonstrated that the scheme would result in extra capacity in the system. Reassurance was given that the extra capacity at Hinckley would not result in less capacity elsewhere in LLR. There would be overall growth in capacity across LLR, though it would vary across the different sites.

RESOLVED:

(a) That the contents of the verbal update be noted;

(b) That officers be requested to provide a further update to a future meeting of the Board.

(Note: After the meeting the Integrated Care Board clarified that the Day Case Theatre at Hinckley would be able to undertake the same type of procedures as currently undertaken at Loughborough. The table below identifies the types of specialities currently undertaken at Loughborough and those planned for Hinckley.

Loughborough	***Hinckley***
General surgery	*General surgery*
Ophthalmology	*Ophthalmology*
Gynaecology	*gynaecology*
Podiatry surgery	*Podiatry surgery*
Orthopaedics	*Orthopaedics*
	plastics
	Vascular
	Urology

End of note.)

11. Restoration and Recovery of Elective Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the elective care recovery progress for the patients of LLR. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Siobhan Favier, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (UHL) and Adam Andrews, Deputy Director of Planned Care, LLR.

Arising from discussions the following points were noted:

(i) During the Covid-19 pandemic the LLR elective care waiting list had doubled which was a far larger increase than most other trusts experienced during the pandemic.

(ii) Most cities had an Urgent Treatment Centre as well as an acute hospital but one of the problems in LLR was that there was no Urgent Treatment Centre in Leicester.

(iii) When assessing the capacity of the elective care system the most important indicator was the rate of growth. However, as there was only one hospital trust in Leicester, Leicestershire and Rutland it dealt with a very large number of patients compared to many other hospital trusts. Therefore, when assessing the capacity of the system it was also important to look at the capacity data as a percentage of the overall population. The good news was that the capacity figures for LLR were improving both overall and in terms of percentage of the population.

(iv) UHL had made significant progress on reducing waiting times for those patients waiting the longest for definitive treatment and had virtually eliminated all patients waiting longer than two years for treatment. A member raised concerns that this reduction could have been achieved by increasing the number of patients waiting shorter periods for treatment. In response it was confirmed that this was not the case and the reduction was across the board. However, the reduction in waiting times for LLR was slowing and therefore more work needed to be carried out to tackle the issue and understand where the demand was coming from. Resources would continue to be invested in elective care waiting times.

(v) Of the 117,318 patients on the waiting list 85% were waiting for a diagnostic procedure rather than a surgical procedure, and not all of them would ultimately require surgery once they had received a diagnosis. It was noted that the public perception of the waiting list was that all those on the list were waiting for surgery. It was more difficult to provide extra capacity on the surgical procedure side than it was on the outpatient diagnostic side.

(vi) A member queried the lack of data in the report regarding the breakdown of the waiting lists and questioned whether this prevented cost-benefit analysis from being carried out. In response reassurance was given that detailed data was held and was available for the public to view. The Committee was further informed that as of 12 June 2023 the elective care waiting list was approximately 116,000, there were 300 patients that had been waiting 78 weeks and above, and 3,000 patients at 65 weeks and above. It was agreed that after the meeting data would be provided to the Committee on how many patients had been waiting between 18 and 24 weeks.

(vii) The Committee was informed that of the outpatient waiting list 60% was made up from the following specialties:

- Gynaecology;
- Ear, Nose and Throat;
- Gastroenterology;
- Ophthalmology.

(viii) In response to a question as to how many new patients were joining the waiting list each year it was agreed that this information would be provided to the Committee after the meeting. Reassurance was given that the increase in capacity was greater than the number of new patients joining the waiting list which resulted in the waiting list decreasing.

(ix) It was not expected that planned strike action would impact on the reduction in the waiting list and it was still expected that the target of having no patients waiting over two years by July 2023 would be met.

(x) Partnership working was taking place with other trusts and independent sector health providers with regards to increasing capacity and reducing the waiting list. Whilst at the moment LLR was receiving more assistance than it was providing, it was hoped that in the future it could be of more assistance to other providers.

(xi) There was a policy in place which gave patients the option of going elsewhere in the country for elective procedures if the waiting time would be shorter. This now included independent providers who had been accredited as well as NHS providers. It was important to manage this process so that patients that were unable to travel elsewhere were not disadvantaged and health inequalities were not exacerbated.

(xii) The new East Midlands Planned Care Centre at Leicester General Hospital had opened on 1 June 2023. It was expected that when 'phase two' of the project was completed in late 2024, around 100,000 patients per year would be seen in the East Midlands Planned Care Centre. In order for the East Midlands Planned Care Centre business case to be approved it had to be demonstrated that the scheme would provide additional capacity. In response to a question as to whether the 100,000 patients to be seen by the East Midlands Planned Care Centre were all additional capacity it was clarified that this could not be confirmed as there were many factors which made up the 100,000 total.

(xiii) In response to questions about staffing of the East Midlands Planned Care Centre reassurance was given that there were plans in place to grow talent and train staff. Recruitment was taking place immediately rather than waiting for the facility to open.

(xiv) The Patient Tracking List (PTL) related to patients on the Referral to Treatment Pathway and it included a clock showing how long they had been waiting.

(xv) The Planned Care Partnership had been set up and two meetings of the partnership had taken place so far. One of the aims was to ensure that the elective care work did not have a negative impact on social care. It was agreed that a representative from Public Health would be invited to future Planned Care Partnership meetings.

RESOLVED:

(a) That the update on the elective care recovery progress for the patients of LLR be noted.

(b) That officers be requested to provide a further update on progress to the Committee in 6 months' time with further detail and breakdown of the waiting list numbers.

12. <u>Dates of future meetings.</u>

RESOLVED:

That future meetings of the Committee take place on the following dates all at 2.00pm:

Wednesday 13 September 2023;
Wednesday 1 November 2023;
Wednesday 17 January 2024;
Wednesday 6 March 2024;
Wednesday 5 June 2024;
Wednesday 11 September 2024;
Wednesday 13 November 2024.

2.00 - 3.15 pm CHAIRMAN
14 June 2023