



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 13 September 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Ms. Betty Newton CC

Mr. D. Harrison CC

Mrs B. Seaton CC

Mr. R. Hills CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health.

Rachel Hall, Deputy CEO, Falcon Support Services (item 20 refers).

Sarah Prema, Chief Strategy Officer, Integrated Care Board (item 21 refers).

David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust (item 21 refers).

Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire & Rutland (item 22 refers).

Alison Buteux, NHS Midlands and Lancashire Commissioning Support Unit (item 22 refers).

13. Minutes of the previous meeting.

The minutes of the meeting held on 14 June 2023 were taken as read, confirmed and signed.

14. Question Time.

The Chairman reported that the following questions had been received under Standing Order 34:

Questions asked by Giuliana Foster

1. What assurances can be given that the proposed clinics will actually be instated at Feilding Palmer Community Hospital and not just 'pop up – temporary', given the extensive plans for outpatient clinics at Market Harborough and Hinckley?
2. If FPCH is to lose its beds, we must ensure that the proposals are adequate for the people of Lutterworth, so we need guarantees that these clinics will be reinstated. The residents of the Lutterworth area are being asked to lose 10 inpatient beds in exchange for what?
3. How often will each proposed clinic will be held? For example, 1 x month or 3 times a week.

4. The ICB have stated that the £5.3m is capital (presumably for all the refurbishment and installation of equipment) so where is the annual spending on services coming from?

Reply by the Chairman:

1. I have sought a response from the Integrated Care Board regarding the query raised and they have provided me with the following information:

The proposed plans for more community procedures and outpatient clinics at FPCH have been developed based on current evidence of need for the local population. The LLR ICB are committed to delivering additional clinics from Feilding Palmer on a permanent basis recognising the need for flexibility to meet changing demands in health needs.

2. The proposal is to permanently close the 10 inpatient beds to provide an enhanced procedure suite and 6 consultation rooms.
3. The Integrated Care Board has informed me as follows:

The proposal sets out a wide range of specialities and procedures that could be delivered from FPCH. We are currently working with UHL and wider providers to determine the exact procedures and clinics that will be provided recognising that there does need to be a degree of flexibility so that the offer can adapt to meet the changing needs in demand. It is likely that the clinics will operate ranging from 2 to 6 sessions per week dependent upon demand.

4. The estimated capital for the refurbishment is £5.8m, the revenue costs will be funded through system finances.

Supplementary questions from Giuliana Foster:

1. Where has the ICB gained its evidence regarding the needs of the local population?
2. What is an enhanced procedure suite and are the 6 consultation rooms only for outpatient clinics or are there other uses in mind?
3. The ICB said "The proposal sets out a wide range of specialities and procedures that *could* be delivered from FPCH", they did not use the word 'can'. What assurances can the ICB give that outpatient diagnostic clinics will be instigated at Feilding Palmer, in view of what the diagnostic plans are for Hinckley and Market Harborough?
4. Regarding the £5.8 million funding identified required for the refurbishment how confident is the ICB they will be able to secure this money? Given the funding for Hinckley Community Diagnostic Centre was dependent on demonstrating extra capacity at Hinckley, will plans for Feilding Palmer have to meet the same criteria as Hinckley did in order to secure the funding?

The Chairman undertook to ensure that written answers to the supplementary questions would be provided after the meeting.

Questions asked by Rachel Hall (Falcon Support Services):

With respect we would like to raise some concerns in relation to the homeless support service consultation and feel the information provided to cabinet has been inaccurate.

The Cabinet Report on 23rd June 2023 and Health Overview and Scrutiny Committee on 18th January 2023 assert that the Homelessness Contract does not fund the hostel itself and therefore the contract value would have no impact on the Falcon Centre, but this is incorrect.

We are disappointed to see Leicestershire County Council saying they have not contracted accommodation and would like to draw you to the current **Contract** that specifies there is a “30 bed requirement throughout the contract”. We would also like to draw you to **ITT Schedule Service Specification** that we tendered for the contract that requires the “service to deliver emergency accommodation to support adults in times of housing-crisis”. The service description clearly states on 1.1 “The provision is for at least 30 units of accommodation in Leicestershire either through direct provision by the Service Provider or through partnership arrangements with a housing provider. The specific location and configuration of accommodation within the county is flexible in that a proportion of the units may be delivered as ‘move on’ or dispersed accommodation.”

The **Aspect of the Service** details: “The Service Provider should make available a minimum of 30 hostel-based beds for adults experiencing acute homelessness or housing-crisis and requiring emergency housing.” And **Service Standards** state “The hostel premises must be compliant with national and local building and housing regulations”.

The recent **Audit** on the contract in January 2022 clearly states, “The Falcon Centre are contracted to provide accommodation for those who are homeless and non-priority needs.”

1. Is it accurate to say the current contract excludes accommodation?
2. Has an Impact Assessment been conducted?

The current contract for “provision of at least 30 units of accommodation” ends 31st March 2024 and has been re-commissioned repeatedly over the past 10 years. We believe that the focus of the consultation should be on decommissioning the homeless service, rather than improving First Contact Plus and Local Area Co-ordinators.

3. Is the consultation being targeted on the right thing?
4. Has the proposed model of First Contact Plus and Local Area Co-ordinators been evaluated for its impact on homelessness? Has its operational effectiveness, resource implications and capacity been scoped out?

We are concerned about the fairness and equality of the consultation process. Most people experiencing homelessness lack internet access, digital skills and literacy, including the ability to fill in surveys. Service users requested to submit written letters for staff to scan in and send to the consultation email, but this was declined in writing by Leicestershire County Council. The first half of the consultation period residents could not submit the online survey from the same computer a survey had already been submitted from, this was rectified but only left a shorter window for consultation.

During the online Information Session held for people who have or are currently using the service, including friends, relatives and carers of people facing homelessness the

sessions were muted and left only with the Q&A chat function which did not work on some of the computers.

We requested face-to-face consultation meetings through the consultation email and/or focus groups for service users, as per previous consultations we have been through, but this was declined by Leicestershire County Council. We have been informed that service user consultation was completed in January 2022, over 18 months before the proposal and consultation were live, when Public Health completed at the Falcon Centre audit. One-to-one interviews were completed with service users about the current service and gaps in the current provision. Service users answered these questions with no knowledge funding was going to be withdrawn for their homeless support service and provided no consent for this data to be used as part of a consultation in relation to funding cuts. No face-to-face consultation or workshop sessions have been held with Service Users since the current proposal came out.

5. Did Leicestershire County Council fulfil their GDPR requirements as service users did not give consent for their data collected from one-to-one interviews in an audit 18 months ago, to be used in a different context than they had agreed?
6. Has an Equality Impact Assessment been completed on the impact of the decommissioning of the current service and proposed new model? If so, why wasn't this shared upon request?
7. Did Leicestershire County Council adhere to their Equalities Policy Statement in minimising disadvantages and advancing equality of opportunity? Was the format of the consultation format inclusive and accessible, ensuring the voices of those experiencing homelessness were heard?
8. Has the internal Transformation Team at Leicestershire County Council explored alternative savings to assist with the need for budget cuts?

Reply by the Chairman:

1. The service specification stipulates that in-reach (hostel based) support is linked to accommodation equivalent to 30 bed spaces across Leicestershire. In order to provide support in a hostel setting, the provider is required to have access to this type of accommodation. This is not the same as saying that the funding should pay for the accommodation itself. Any Provider could have bid for this service without owning or running a hostel. The service is based in a hostel setting and the Provider could have access to the service users in any hostel or hostels in Leicestershire. (It is Falcon Support Services that are the Provider not the Falcon Centre)
2. A draft Equality Impact Assessment has been completed and the impact of a change in service model will be informed by the outcome of consultation and a final EIA will be produced. This will be presented to Cabinet in November. Initial findings based on the draft proposal indicate that the new offer will have a wider reach and be able to offer additional support. It is not standard practice to share a draft EIA. However, Falcon Support Services submitted an FOI requesting a copy of the draft EIA. This was completed on 30 August 2023. The FOI has been published and is available here: <https://leicestershire.disclosure-log.co.uk/results?month=8>

Also, within the survey that was available during the consultation, some questions were asked to ascertain impact of the proposal on those with protected characteristics and other relevant cohorts. Responses to these questions will inform the final EIA.

3. As referred to under point 1, the contract is for the provision of support services not the provision of units of accommodation. The consultation documentation is consistent with this and clearly states the following: *'The proposal is for the county council to cease funding a dedicated homeless support service, and instead to provide support via the council's existing public health services where a wider number of people are eligible for support'* This clearly sets out the Council's intentions while also ensuring the language is simple and easy to understand to support a successful public consultation.
4. The Homelessness Reduction Act 2017, places new duties on housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness for all eligible individuals, **not just those that have priority need**. Locally, and in line with the legislation referred to, this responsibility sits with district councils not the county council. As such, the proposed model is not centred around reducing homelessness. The focus is on improving the health and wellbeing of Leicestershire residents. The proposal may indirectly lead to a reduction in the risk of someone becoming homeless but the approach is that Local Area Coordinators can address the circumstances that cause people to experience chaotic lifestyles and consequently struggle to cope rather than only dealing with the housing issue on its own. It is also difficult to fully assess capacity, resource etc. until the final model is developed and approved, informed by the outcome of the consultation. This process will start now that the consultation has closed and will be presented to Cabinet in November 2023. If the proposal is approved by the Cabinet, further work will take place between December 2023 and March 2024 to implement the approved model. This will include a detailed assessment of resource and a communications and engagement plan to support the transition. The council will also work closely with the incumbent providers to ensure a robust exit strategy is in place if the decision is made to proceed with the proposed model.
5. The service commissioned by the county council is an externally commissioned service. As the contract was ending on 31st March 2024, it provided an opportunity to review the existing provision and consider options for the future. This included output from focus groups and 1-2-1s with staff and service users from all 3 incumbent providers without using any personally identifiable information. The Council is of the view that individuals participating in these events would have done so in the knowledge that information would be used by the council to shape future service provision. This is standard practice for all public health commissioned services to ensure services continue to meet local need and to ensure value for money. As part of the review of existing provision the public health department reviewed performance data, statistical information available through national and local data sources, and conducted some engagement work with professionals and service users. All of this information was utilised to develop a suite of options with a review of strengths, weaknesses, risks and financial implications of each option in order to put forward a recommended draft proposal. This draft proposal was presented to Cabinet for approval to consult. As such, at the time of reviewing the provision and conducting an engagement exercise, the options would not have been known.

The Council is satisfied that its usage of this information has been compliant with its GDPR obligations at all material times. In particular, the Council is satisfied that it has a lawful basis to process the personal information of service users. The Council believes that officers were explicit about the reasons for which the information was being collected (*i.e. to inform the undertaking of a review of homelessness services*) and the service users willingly consented to their views being recorded and used. Indeed, even without the consent of the Data Subjects, the Council is entitled to rely on the following grounds as a lawful basis for the ongoing processing of personal information: -

- (a) That processing is necessary for compliance with a legal obligation,¹ for example, to comply with the Council's Public Sector Equality Duty² and to understand the impact of the proposal on any persons who may have a protected characteristic.
- (b) That processing is necessary in order to protect the vital interests of the data subject³ for example, the Council accepts that understanding the views of service users and the possible impacts of any decisions is necessary to protect the vital interests of those data subjects.
- (c) That processing is necessary for the performance of a task in the public interest,⁴ for example, it is in the public interest that decisions which may affect homeless persons are made on an informed basis.
- (d) That processing is necessary for the purposes of the legitimate interests pursued by the controller,⁵ for example, the Council has a legitimate interest in making informed, evidence- based decisions.

The Council is satisfied that the continuing processing of personal information is lawful and in accordance with Data Protection principles. In particular, the Council is satisfied that:

- (a) information is being processed lawfully, fairly and in a transparent manner.⁶ It should be noted that the information was provided on a consensual basis and its usage helps decision makers to make informed decisions taking into account the views and needs of service users. The Council's decisions are transparent and open to scrutiny.
- (b) Information was collected for specified, explicit and legitimate purposes and not processed in a manner which is incompatible with those purposes.⁷ It should be noted that the Council collected the information to inform a review of homelessness (which is clearly a legitimate purpose) and the usage of information is linked to the review which was originally discussed with service users.

¹ Article 6(1)(c)

² S149 Equality Act 2010

³³ Article 6(1)(d)

⁴ Article 6(1)(e)

⁵ Article 6(1)(f)

⁶ Article 5.1(a)

⁷ Article 5.1(B)

(c) Personal information is being....kept in a form which permits identification of data subjects for no longer than is necessary.⁸ It should be noted that the review of support services is under active consideration and the council will not retain such personally identifiable information that has been collected once the review and any related decisions have been taken.

6. Please see response to question 2 - **'Has an Impact Assessment been conducted?'**
7. Consultation was approved by Cabinet on 23 June 2023. The consultation launched on 28 June 2023 and ran for 10 weeks (closed on 3 September 2023) to seek feedback on the proposed model. The survey was accessible online on the County Council's website and available as a hard copy on request with a freepost return option. Early analysis indicates the council has received 251 survey responses. Approximately 25% of responses were from service users, 24% were from staff working within the homeless sector and 5% were from a family member/carer of a service user. These figures do not take into consideration responses received through the information sessions and other channels. The last consultation exercise that took place for this service was in 2019 when the council received a total of 46 survey responses.

Supporting information to accompany the survey was accessible online. An easy read version of the supporting information was also available online and as a hard copy on request.

Face to face and online information sessions were held to talk through the proposal and provide information on how individuals could have their say. A total of 5 sessions were held during the consultation period (3 online sessions and 2 face to face sessions). These were spread out over July and August, on different days and at different times of the day. Over 130 participants attended these sessions. At the face to face sessions which took place at Loughborough library, hard copies of consultation packs were disseminated to participants. County council staff were also available to support completion of the survey on-site. Space was also made available at Loughborough library for participants to complete a survey.

Following communications received during the consultation period, the council produced some FAQs online and these were available as a hard copy on request.

In addition to the provision of an online survey, Falcon Support Services received 50 paper copies of the survey in the post. These were posted on 4th July (the consultation went live on 28th June and ran for 10 weeks). After Falcon Support Services flagged issues with submitting multiple responses from one computer, the Council contacted them with a resolution on 27th July. This resolution didn't appear to work and so a few days later the Council emailed Falcon with a list of other options to try and resolve the issues. One option provided was a separate inputter link which we had tested and was working. At this point there were still more than 5 weeks left of the consultation period. Since providing the separate inputter link, the public health department received 2 consultation responses directly via this route. Falcon Support Services contacted public health again on 7th August to say that the

⁸ Article 5.1(e)

word limit was restricting their ability to respond. The department responded on 8th August by removing the limit.

600 copies of the survey were printed and made available to Local Area Coordinators and Community Recovery Workers to disseminate to their service users.

Paper copies of the consultation pack were provided to the incumbent providers.

The public health department had a dedicated email for any queries and all queries were responded to in a timely manner. A phone number was also made available for any queries and the administrative team were on hand to complete any surveys over the phone if required.

As well as receiving responses to the survey, the public health department has received responses via the dedicated email address and via the information sessions which will be analysed alongside the survey responses.

Promotion of the consultation to stakeholder organisations and individuals took place through emails, letters, newsletters and social media posts. These were repeated throughout the consultation.

8. The transformation team have been involved in the MTFs proposal work and they continue to be involved in this work. The review of homeless support services was conducted as the contract was ending on 31st March 2024 and there was an opportunity to do things differently that better aligned with the duties of the council and local need. Financial benefits was an additional factor but not the sole nor the main factor.

Please be assured that the Committee will explore all these issues more fully during the later agenda item on the Review of Homeless Support Service (item 8) and will submit comments to Cabinet.

Supplementary questions from Rachel Hall:

1. The answer to question 1 states that “the service specification stipulates that in-reach (hostel based) support is linked to accommodation... however this is not the same as saying that the funding should pay for the accommodation itself”. However, I would like clarification on this because there are a number of other statements that have led us to infer that the funding has included accommodation, things like ‘hours of operation for supported accommodation is 24/7 365 days a year’ and we must employ all staff for safe running of the supported accommodation and the hostel premises must be compliant.
2. Has an impact assessment been carried out on the impacts of decommissioning the service and the wider impacts of the proposal?
3. Did any face-to-face focus groups take place and if so is there any evidence of this?
4. I appreciate that one of the factors behind the proposals is the need for LCC to save money, but what other factors are behind the proposals? How has it been

established that the proposed model will better align with the duties of the Council and local need?

Replies to supplementary questions:

1. The service specification stipulates that in-reach (hostel based) support is linked to accommodation equivalent to 30 bed spaces across Leicestershire. In order to provide support within any setting, the Council requires assurance that the setting is safe and compliant for those being supported. This is not the same as saying that the funding should pay for the accommodation itself.
2. There was no legal requirement to undertake an overall Equality Impact Assessment of the proposals, though an impact assessment has been carried out and when the final proposals are presented to Cabinet the report will set out alternative options.
3. Face-to-face sessions did take place at Loughborough Library.
4. In addition to the County Council's Medium Term Financial Strategy the decision also took into account cost pressures on the Public Health Grant through the NHS pay award. The County Council has no duties under housing regulations but does have a duty under Public Health regulations to take steps to improve the health and wellbeing of the population and the homeless population is included in that. The proposed new model is believed to be a more efficient way of improving the health and wellbeing of the homeless population.

The Chairman undertook to ensure that further, written, answers to the supplementary questions would be provided after the meeting.

15. Questions asked by members.

The Chairman reported that four questions had been received under Standing Order 7(3) and 7(5).

Questions by Mrs. Rosita Page CC:

My questions relate to the proposals for Feilding Palmer Hospital in Lutterworth and the upcoming public consultation on the proposals. We are aware that a business case is to be submitted to Government to secure funding to enhance the services at Feilding Palmer Hospital.

We are aware and accept that the 10 beds in the Feilding Palmer Hospital will be removed but we always understood that the business case was going to be made to enhance the existing provisions provided to the community, being mindful that South Leicestershire has a large aging population and that the plans for the Lutterworth East Strategic Development Area (SDA) when implemented will have a further impact on the population of the area. It is therefore important to ensure the long-term sustainability of healthcare for Lutterworth residents.

We understood that the business case would build on existing clinics, to provide diagnostics so the need for lengthy travel to attend health appointments would be cut down not only for convenience but also to lower the carbon footprint. However, on closer

scrutiny of the proposals it appears that the Lutterworth community will actually be short changed at the loss of approximately 9 clinics.

1. Please explain what the money will be used for, should the bid be successful?
2. I understand that the NHS (within all 43 Trusts) is committed to reducing its carbon footprint – and they are having a big ‘push’ on this. Therefore, why is Corby Community Hospital referred to on the draft consultation document? It is 30.4 miles away from Lutterworth and totally inaccessible to those Lutterworth residents without their own transport as there are no bus routes.
3. With reference to the chart comparison for Outpatient/diagnostic clinics being proposed (see accompanying chart below), Lutterworth has actually lost 8 clinics over the years but it is stated in the business case they are being offered extra services.

I have already made the following request to the Integrated Care Board but I would like it formally on record that I have asked for this information. Please provide a basic chart setting out what services Feilding Palmer Hospital is providing now and what the enhanced /proposed future provisions are going to be.

**OUT-PATIENT CLINIC COMPARISON CHART FOR GILMORTON RD SITE
LUTTERWORTH**

CLINICS/DIAGNOSTICS	Proposed clinics for 2023 Consultation	Out - Patient Clinics FOI March 2023	Out -Patient Clinics FOI February 2020	Out - Patient Clinics FOI 2017
AAA Screening	x			
ADHD	x	x		
Cardiology	x			x
Dermatology	x		x	
Dietary	x	x		x
ECHD	x			
General Internal Medicine	x			
General Surgery	x			x
Gynaecology	x	x		x
Heart Failure	x	x	x	x
Mental Health	x	x	x	x
MSK Physiotherapy	x		x	x
Ophthalmology	x			
Out of Hours	x	x	x	
Paediatrics	x		x	x
Parkinson's Care	x	x		x
Psychiatrics	x			
Psychiatric Nurse	x			x
Pulmonary and Cardio Rehab	x	x		
Respiratory Medicine	x			
Rheumatology	x			
Speech and Language	x	x	x	x
Stoma	x			x
Trauma and Orthopaedics	x			
Urology	x			
Walking Aid Clinic	x	x		
Memory Clinic				x
Midwifery Clinic			x	
In Health Scans			x	x
Podiatry			x	
Upper Abdominal				x
Cytology				x
Physical Therapies			x	
Baby feeding/Parent group		x		
Total	26	11	11	16

4. Please clarify why and on what exactly are we having a costly and lengthy public consultation?

Reply by the Chairman:

1. NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) is undertaking a Pre-Consultation Business Case (PCBC) in regard to maximising access to services for the local community in Lutterworth. A PCBC provides an assessment of any proposals against the government's five tests of service change, and NHS England's best practice checks. If following the discussion with the NHS England team, the LLR ICB can evidence they have sought and acted upon the feedback, they can progress to public presentation of the proposals.

The PCBC is not seeking capital funding of the proposals for Lutterworth. Depending on the decisions made in regard of the proposals after the public consultation the LLR ICB we will use LLR System capital to fund the scheme. The investment would fund the internal refurbishment of Feilding Palmer Hospital.

2. The LLR ICB have reassured me that they are committed to reducing the carbon footprint. The increase in the number of outpatient and diagnostic services at Feilding Palmer Hospital is estimated to reduce the number of miles travelled by patient by 377,492 per year. The draft consultation document, co-produced with the Lutterworth Public Consultation Task and Finish Group, does list a number of hospitals, clearly stating their proximity to Lutterworth in terms of miles and journey times. The purpose of listing them is to illustrate that the plans will reduce the burden of travel and provide more care closer to home, avoiding the need for people living in Lutterworth to travel a distance to receive some care.
3. The Pre-Consultation Business Case (PCBC) has been drafted and has only been shared with NHS England. It will go into the public domain, along with other key documents, when LLR ICB has approval to commence a public consultation. A draft consultation document has been co-designed with the Lutterworth Consultation Task and Finish Group. It lists the services provided from Feilding Palmer Hospital pre-pandemic and those currently provided. Under the proposals both the number of conditions treated would increase, as well as the number of appointments provided. Therefore, the consultation document also lists the services it is proposed to provide which include the provision of 17,000 outpatient and diagnostic appointments each year in over 25 branches of medicine.

The table below shows the current and proposed outpatient activity.

SERVICE WE ARE CONSULTING ON	HOW IT IS PROVIDED NOW	HOW WE PROPOSE TO PROVIDE IT
<p>Increase the number of outpatient activity providing in Lutterworth</p>	<p>The following services are provided at Feilding Palmer Hospital or were provided pre-pandemic:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Attention Deficit Hyperactivity Disorder support • Dermatology • Dietary • Echocardiogram or ECHO • Heart Failure • Mental Health • Musculoskeletal or MSK Physio • Out of Hours • Paediatrics (children) • Parkinsons care • Psychiatrics • Psychiatric nurse • Pulmonary and Cardio Rehabilitation • Speech and Language Therapy - Adult and Children • Stoma • Walking aid clinic <p>Other diagnostic and outpatient services are provided outside of Lutterworth e.g. acute hospitals</p>	<p>We would expand the current services providing approximately 325 patient appointments per week at Feilding Palmer Hospital or at a location in Lutterworth. The services are:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Attention Deficit Hyperactivity Disorder support • Cardiology • Dermatology • Dietary • Echocardiogram or ECHO • General internal medicine • General surgery • Gynaecology • Heart Failure • Mental Health • Musculoskeletal or MSK Physio • Ophthalmology • Out of Hours • Paediatrics (children) • Parkinsons care • Psychiatrics • Psychiatric nurse • Pulmonary and Cardio Rehabilitation • Respiratory medicine • Rheumatology • Speech and Language Therapy - Adult and Children • Stoma • Trauma and orthopaedics • Urology • Walking aid clinic

4. The NHS has a duty to involve people in any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

Using Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015), the Lutterworth proposals have been assessed on their specific attributes and would require a public consultation to meet the NHS duties.

The range of legislation that relates to the LLR ICB decision making has also been taken into account including:

- Equality Act 2010;
- Public Sector Equality Duty Section 149 of the Equality Act 2010;
- Brown and Gunning Principles;

- Human Rights Act 1998;
- NHS Act 2006;
- NHS Constitution;
- Health and Social Care Act 2012;
- Communities Board Principles for Consultation.

The NHS would in any public consultation pay due regard and consciously consider the equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.

16. Urgent items.

There were no urgent items for consideration.

17. 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: Health Performance Update as she had two close relatives that worked for the NHS.

Mrs. B. Seaton CC declared a Registrable Interest in agenda item 10: Health Performance Update as she was a member of Silverdale Medical Centre Patient Participation Group.

18. Declarations of the Party Whip.

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

19. Presentation of Petitions.

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

20. Review of Homeless Support Service.

The Committee considered a report of the Director of Public Health which sought the views of the Committee around the proposed homeless support offer as part of the consultation. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed to the meeting for this item Rachel Hall, Deputy CEO, Falcon Support Services and invited her to make a representation before he took any questions from members.

Rachel Hall explained that the Falcon Centre had had a long-standing good relationship with the County Council over the years. The Falcon Centre had been aware that the current contract was coming to an end and understood that this would provide an

opportunity to review the service. However, the Falcon Centre was not expecting that the review would result in a proposal to cease commissioning this specialist service.

Rachel Hall reiterated the concern raised in her questions (minute 14 refers) that the Cabinet had been provided with inaccurate and misleading information and suggested that the Falcon Centre would like an opportunity to work with all parties involved to find a solution to protect the most vulnerable. She suggested that the proposed changes to how the service was provided would result in a worse service.

In response to questions from Members, Rachel Hall responded as follows:

- (i) The Falcon Centre could support 30 people at any one time and the accommodation was always fully occupied with a waiting list. In a typical year there would be a total of 100 different residents and the average length of stay was 4 months, in line with the Falcon Centre's role as a provider of supported accommodation. There were other accommodation centres for homeless people in Leicestershire such as The Carpenter's Arms in Loughborough and a rehabilitation facility in Hinckley. The Carpenter's Arms was much larger than the Falcon Centre.
- (ii) The County Council had been commissioning the homeless support service provided by Falcon Support Services for 10 years. The contract value was £300,000 per annum and the contract would end on 31st March 2024. The £300,000 was a small part of the overall budget for the Falcon Centre. However, the Falcon Centre was of the view that the homeless support service enabled it to be an exempt organisation in terms of housing benefit, which made the value of the contract significantly higher.

Rachel Hall also acknowledged that she had had a sufficient opportunity to raise concerns and questions.

Arising from discussions the following points were noted:

- (iii) In response to a question as to what proportion of the people that the Falcon Centre supported were from Leicestershire and what proportion were from outside of the county boundary, it was agreed that this information would be provided to members after the meeting.
- (iv) It was queried whether, given that the Falcon Centre was submitting that it was financially reliant on the funding from Leicestershire County Council and at risk of closure should the funding not be received, questions should be raised as to the financial sustainability of the Falcon Centre as a charity and whether further checks needed to be carried out regarding its status.
- (v) In response to a question from the Chairman as to how the County Council audited the provision of the services it commissioned it was explained that the Public Health department did not specify exactly how the funding should be spent, they were mainly concerned about whether the overall aims were being achieved. The contract with the Falcon Centre included Key Performance Indicators which the Falcon Centre was required to provide data on. Quarterly contract management meetings were held with the Falcon Centre. When contracts were coming to an end a full review was carried out and any new issues would be covered in future contracts with that provider. However, reassurance was given that Public Health

were always looking to improve and refine contract management processes and would take suggestions on board.

- (vi) Leicestershire had the largest team of Local Area Co-ordinators (LACs) in the country with a total of 35. There would be no new LAC roles created to provide the homeless support service. The work would be carried out by the existing team of LACs. Given how large the team was there was flexibility to move LACs to where they were most needed, however under the new model for homeless support extra LACs would not be moved to the Loughborough area as the aim was for the service to be more equitably distributed across the county. There was a lot of national interest in the way LACs were being used in Leicestershire including interest from government. Members commended the work LACs carried out in Leicestershire and welcomed the proposed use of LACs in the new model for homeless support.
- (vii) It was felt that one of the benefits of using LAC to provide the homeless support service was that they would support people for as long as they need and would also monitor service users effectively to ensure that they accessed the services that they had been signposted to.
- (viii) The Director of Public Health and the Cabinet Lead Member for Health strongly refuted the claims of Falcon Support Services that the Cabinet report of 23 June 2023 contained inaccuracies and made it clear that Cabinet had not been misled.

RESOLVED:

- (a) That the draft revised model for the delivery of homeless support be noted, and the proposed use of the Local Area Coordination service as part of the model be welcomed;
 - (b) That officers be requested to take on board the comments now made by the Committee as part of the consultation process;
 - (c) That officers be requested to provide a further report for the Committee at its meeting on 1 November 2023 regarding the results of the consultation and the recommendation that Cabinet will be asked to approve.
21. Public Consultation - Proposed changes to maximise access to health services for the local community in Lutterworth.

The Committee considered a report of Leicester, Leicestershire and Rutland Integrated Care Board (ICB) which informed of a consultation on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Sarah Prema, Chief Strategy Officer, Integrated Care Board and David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust.

Arising from discussions the following points were noted:

- (i) It was not proposed to demolish the Feilding Palmer Hospital building. Instead, the interior would be refurbished with the space remodelled and an extension would be

built. In response to a question from a member as to the precise timescale for the implementation of the proposals it was explained that the first building works would likely start in spring 2025 but a full timetable would be provided to members after the meeting.

- (ii) The £5.8m capital for the proposals was coming from the local budget which meant that the ICB would not have to go through time-consuming national processes. The funding had already been confirmed and was available for use.
- (iii) Prior to the Covid-19 pandemic there had been 10 inpatient beds at Feilding Palmer Hospital. One of the beds was in a suite and was used for palliative care. All these beds were closed during the pandemic as they did not meet the Infection, Prevention Control Inpatient standards and they remained closed for that reason. A member raised concerns that the new proposals for Feilding Palmer Hospital did not include inpatient beds and stated it was important for beds to be available locally to enable friends and relatives to visit patients easily. In response it was explained that the approach of modern healthcare was to treat patients in their own home as much as possible so that they could be kept mobile and did not suffer as much muscle degeneration as they would in a hospital bed. Virtual wards were being used to monitor patients at home.
- (iv) Replacing the inpatient beds would be 6 consultation rooms and an enhanced procedure suite for day-case procedures carried out without general anaesthetic.
- (v) The proposed plans for more community procedures and outpatient clinics at FPCH had been developed based on current evidence of need for the local population. The information on need had been collected from local engagements and consultations. The NHS also held data on which services residents from Lutterworth post codes most commonly accessed and used this to inform future planning.
- (vi) In response to a concern raised about Feilding Palmer Hospital being able to cope with the large housing growth projected for the Lutterworth area and the amount of elderly people, it was explained that it was predicted that the housing growth would actually increase the amount of younger people living in the area. Therefore outpatient clinics were likely to be the most appropriate type of provision.
- (vii) In response to a question as to what impact the new proposals would have on waiting times it was explained that the proposals were not specifically designed to tackle waiting times but there were many other initiatives being put in place in Leicestershire which would deal with that problem.

RESOLVED:

- (a) That the proposed consultation on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community be noted;
- (b) That officers be requested to take on board the comments now made by the Committee as part of the consultation process.

22. Health Performance Update.

The Committee considered a joint report of the Chief Executive and the Integrated Care Service (ICS) Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data in August 2023. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Chairman welcomed to the meeting for this item Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire & Rutland, and Alison Buteux, NHS Midlands and Lancashire Commissioning Support Unit.

Arising from discussions the following points were noted:

- (i) Members asked that future performance reports contain regional and national benchmarking data to enable the Committee to assess Leicestershire's performance in the wider context. In response it was confirmed that this type of data was now available and could be included in future reports. Members also asked that the performance reports provide greater clarity on the direction of travel for the metrics i.e. whether performance was improving or not over a period of time. It was agreed that links to online performance data would be circulated to members after the meeting.
- (ii) With regards to the Accident & Emergency metric of admission, transfer, discharge within 4 hours, 99% of LLR Urgent Care Centres were meeting the target and for the Emergency Department the target was being met with 61% of patients. One of the reasons performance against this metric was not better was a lack of beds and problems with flow of patients through the wider hospital. Some of the patients arriving at the Emergency Department did not need to be there and could have been dealt with elsewhere. In response to a question from a member it was clarified that according to data received at system level, it did not appear that staffing numbers were a problem, a lot of recruitment had taken place and workforce numbers in the Emergency Department were as per plan.
- (iii) In response to a question about the impact of strike action on Leicestershire's performance data it was explained that acute care had been prioritised and the main impact had been on elective care. However, partnership working was taking place across the system to tackle the elective care backlog and GPs were assisting with some elective procedures.
- (iv) Members raised concerns that whilst bowel cancer screening coverage had improved, coverage for breast cancer and cervical cancer had declined. It was questioned which sections of the population were not coming forward for screening and what could be done to encourage them. It was acknowledged that there needed to be better communication with the public about screening programmes and the ICB agreed to provide documentation on screening to members after the meeting which could be circulated to the general public.
- (v) Members welcomed that Leicestershire was in the top quartile for the metric 'Percentage of people who are resident in the HWB, who are discharged from acute hospital to their normal place of residence'.
- (vi) With regards to the metric 'Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000

population' the aim was to move into the second quartile when compared to similar authorities. There was confidence that this target would be met due to the large amount of partnership work taking place particularly the Home First initiative where patients were assessed to see what they needed to help them with reablement. It was also reassuring that the high level of performance against the metric had been maintained through the winter periods.

- (vii) With regards to Improving Access to Psychological Therapies (IAPT) there had been a recent performance improvement which was significant as performance had been stagnant for a long period of time.

RESOLVED:

That the update on public health and health system performance in Leicestershire be noted.

23. Noting the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee.

The Committee considered the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, a copy of which, marked 'Agenda Item 11', is filed with these minutes.

RESOLVED:

That the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

24. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 1 November 2023 at 2.00pm.

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