



Minutes of a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee held at County Hall, Glenfield on Monday, 18 September 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Cllr. S. Bonham
Mr. D. Harrison CC
Ms. Betty Newton CC
Cllr R. Ross

Cllr. L. Sahu
Mrs B. Seaton CC
Cllr. G. Whittle

In attendance

Sarah Prema, Chief Strategy Officer, Integrated Care Board (Item 7 refers)
Amit Sammi, Integrated Care Board (Item 7 refers)
Yasmin Sidyot, Integrated Care Board. (Item 8 refers)
Jean Knight, Managing Director, Leicestershire Partnership NHS Trust (Item 9 refers)
Tanya Hibbert, Executive Director – Mental Health Services, Leicestershire Partnership NHS Trust (Item 9 refers)
Anne Scott, Director of Nursing, Leicestershire Partnership NHS Trust, (Item 9 refers)
David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust (Item 9 refers)
Susannah Ashton, Divisional Director, EMAS (Item 10 refers)

1. Minutes of the previous meeting.

The minutes of the meeting held on 6 February 2023 were taken as read, confirmed and signed.

2. Question Time.

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

3. Questions asked by Members.

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

4. Urgent items.

There were no urgent items for consideration.

5. 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 and Mrs. B. Seaton CC both declared non-registerable interests in all agenda items as they had close relatives that worked for the NHS.

The Chairman Mr. J. Morgan CC declared a non-registerable interest in agenda item 7: NHS Leicester, Leicestershire and Rutland Integrated Care Board 5-year Plan, and agenda item 9: Leicestershire Partnership NHS Trust, as his wife was the Chair of Trustees of the Loughborough Wellbeing Café project.

6. Presentation of Petitions.

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

7. NHS Leicester, Leicestershire and Rutland Integrated Care Board 5-year Plan.

The Committee considered a report of the Integrated Care Board (ICB) which provided an overview of the Leicester, Leicestershire and Rutland (LLR) ICB 5-Year Plan (5YP). A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

The Committee welcomed to the meeting for this item Sarah Prema, Chief Strategy Officer, and Amit Sammi, both of the Integrated Care Board.

Arising from discussions the following points were noted:

- (i) In response to a question from the Chairman as to what made the LLR ICB 5-Year Plan different to Plans in other parts of the country, it was explained that whilst the core pledges were relevant to most areas, the delivery of the Plan would be adapted according to the different areas of LLR. For example, cancer screening would be carried out in a different way in Rutland compared to Leicester City.
- (ii) A member observed that that the LLR ICB 5-Year Plan made no reference to cross border provision and neither did the Plans of the areas that shared borders with Leicestershire and Rutland. In response reassurance was given by the ICB that work was taking place in this regard and meetings between representatives of the LLR health system and representatives of bordering health systems did take place. One of the key issues was the interoperability of IT systems which required further work to make them compatible.
- (iii) Members welcomed that Pledge 13 in the LLR ICB 5-Year Plan was to improve workforce retention, reduce agency usage and grow the ICB's own workforce. The ICB also had a People Plan which contained a range of indicators for monitoring staffing levels and agency use. A specific report on workforce retention and recruitment across the LLR Health and Care System was to come to a future Committee meeting.
- (iv) From October 2022 to April 2023 the number of people waiting for elective care decreased by 7,118 to 133,514. Members raised concerns that although the number of appointments available was increasing, demand was also increasing. In response to a request for more detail about the types of procedures patients were waiting for, and concerns about absenteeism it was agreed that a report covering these issues would be brought to a future meeting of the Committee.

- (v) In response to a suggestion from a member that the ICB should arrange for external efficiency reviews to take place, it was explained that external agencies did come into the NHS and carry out reviews, and NHS England also undertook scrutiny.
- (vi) Reassurance was given around the good partnership working that was taking place across the system and the ICB confirmed that they were satisfied that all the necessary partners were involved. For example, the mental health partnership included representatives from Leicestershire Partnership NHS Trust, Primary Care, and Public Health.
- (vii) In response to concerns raised about ICB finances, the deficits in each year and how much health services had been affected by inflation, it was agreed that a report on the ICB Medium Term Financial Strategy, which was about to be finalised, would be brought to a future meeting of the Committee.
- (viii) At the previous Committee meeting, as part of a UHL reconfiguration agenda item, it had been noted that the seven community hospitals in Leicestershire were not fully used and UHL were exploring how to increase usage. The ICB was in support of this work and intended to make community hospitals the hubs of communities. The NHS strategy was to deliver as many services as possible locally, however there were times where this was not possible and therefore larger hospitals had to be built which would deal with patients from a larger area.
- (ix) In response to concerns raised about a lack of reference in the LLR ICB 5-Year Plan to children's mental health, the ICB confirmed that Child and Adolescent Mental Health Services were a priority for them and would be part of the 5-year Plan.

RESOLVED:

- (a) That the contents of the LLR ICB 5-Year Plan be noted;
- (b) That officers be requested to provide reports for future meetings regarding the elective care waiting list, the ICB Medium Term Financial Strategy, and Child and Adolescent Mental Health Services (CAMHS).

8. Delivery Plan for recovering access to Primary Care - LLR System Level Access Improvement Plan

The Committee considered a report of the Integrated Care Board (ICB) which provided an overview of the approach to the development of, and the content and scope of, the LLR "System-level Access Improvement Plan" that was required by NHS England from all ICBs as per the NHSE Primary Care Access Recovery Plan. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Yasmin Sidyot, Integrated Care Board.

Arising from discussions the following points were noted:

- (i) In response to concerns raised by members about the variation in service offered between different GP Practices, even within the same Primary Care Network, some reassurance was given that work had taken place to tackle this issue. Progress had

been made in reducing the variations and Primary Care Networks were supporting each other in this regard.

- (ii) The Royal College of General Practitioners had run a peer-to-peer programme where managers and clinicians visited GP Practices and shared knowledge and experience with the managers and clinicians that worked there. The programme had visited Leicestershire in 2022 and there had been positive results. Some Practices which had been struggling were now on a more stable footing and some Practices had been able to reopen their patient list.
- (iii) In response to concerns about the difficulties patients were having booking an appointment at their GP Practice it was explained that increasing use was now being made of digital alternatives for booking such as the NHS app. Whilst it was acknowledged that not all patients would be able to use digital methods, if some patients were using the app this would free up the telephone lines for those that preferred calling.
- (iv) Some GP Practices had a system where if you made a phonecall to the Practice and were unable to get through to somebody you could register for a callback. Members welcomed this system and recommended that it be used by more Practices.
- (v) A member suggested that were it easier for patients to book an appointment this could reduce the amount of no shows as patients would be more selective about which appointments they accepted.
- (vi) Members emphasised the importance of clearly communicating to the public any changes to the way GP Practices operated. In particular it needed to be made clear to patients in advance whether their appointment was with a GP, a nurse or a pharmacist. In response it was explained that the ICB's Engagement Team was carrying out work in this regard and it was acknowledged that websites were not accessible to everyone and other methods of communication needed to be used. The Clinical Pharmacist and Social Prescriber roles were becoming more well known amongst the public.

RESOLVED:

That the update regarding the LLR System-level Access Improvement Plan be noted.

9. Leicestershire Partnership NHS Trust - Creating high quality compassionate care and wellbeing for all.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on delivery of their vision, outlined progress being made against the agreed actions following the 'Better Mental Health for All' public consultation of 2021, and provided an update on LPTs engagement with the Care Quality Commission (CQC) and improvements. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed to the meeting for this item Jean Knight, Managing Director, Tanya Hibbert, Executive Director – Mental Health Services, Anne Scott, Director of Nursing and David Williams, Group Director of Strategy & Partnerships, all from LPT.

Arising from discussions the following points were noted:

- (i) Members were aware of the issues there had been in the past with LLR mental health services and welcomed the improvements that had been made.
- (ii) A member raised concerns about Child and Adolescent Mental Health Services (CAMHS) and children facing long waits for mental health support. In response LPT stated that they shared those concerns and acknowledged that more work needed to be done to tackle CAMHS waiting lists. It was explained that for many years in Leicestershire data regarding people with neurodevelopmental issues was collated along with mental health data therefore it had been difficult to gain a true understanding of the extent of the problem. LPT made members aware of preventative mental health work taking place in schools and the Intensive Outreach Service which aimed to prevent children from being admitted to an inpatient unit.
- (iii) There were 25 Neighbourhood Mental Health Cafes across LLR run by 12 different providers. Partnership arrangements were in place with charities and the voluntary sector to help the running of the cafes. The cafes had trained staff who listened to people that needed immediate help with their mental health and provided practical support. The cafes were able to offer advice regarding other issues such as the cost of living and overcrowding in accommodation. In response to a question from a member about the consistency of training received by the staff at the cafes it was explained that there was not a uniform approach to all of the cafes; bespoke arrangements were in place depending on the provider and the staff involved. Members strongly welcomed the development of the Mental Health Cafes particularly the way they signposted people to other services.
- (iv) The Joy App was available in LLR which people could download to their mobile phone and which would connect people to services for tackling social isolation and other mental health issues, foodbanks and housing services.

RESOLVED:

That the update from Leicestershire Partnership NHS Trust be welcomed.

10. EMAS - Additional investment for category 2 response performance improvement and workforce plan.

The Committee considered a report of East Midlands Ambulance Service (EMAS) regarding additional investment made available to ambulance services to support increasing capacity and improvement in category 2 response performance. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Chairman welcomed to the meeting for this item Susannah Ashton, Divisional Director, EMAS.

Arising from discussions the following points were noted:

- (i) In 2022/23 the Leicestershire and Rutland average time for attending Category 2 calls was 01:11:24. Since the Category 2 performance recovery plan had been implemented the Category 2 average in Leicester, Leicestershire and Rutland was 00:32:37 for April to August 2023, which was a 45% improvement on 2022/23 performance. Members welcomed this improvement in performance.

- (ii) In response to a question about hospital handover delays it was explained that whilst capacity in the system was good, the main barrier to improving performance was flow of patients through the hospital and being able to discharge them when they were ready to leave. Work was taking place to improve pathways.
- (iii) EMAS used Private Ambulance Services (PAS) to support frontline operations and contribute additional responding resource. The private crews came with their own ambulances. As a result of the additional investment there would be an increase of 18 PAS crews a day across the region. In response to a question from a member it was confirmed that there were plans to reduce the number of PAS in the long term and increase the numbers of EMAS own staff. However, there were concerns that some paramedics might prefer to work for PAS as they received better terms and conditions. In response to a question from a member about whether in future the PAS would only be used at times of peak demand it was explained that it was difficult to be certain about this at the current time. However, EMAS did know when the peak times were, for example during school holidays. Schools had holidays at different times across the region therefore, EMAS was able to ensure that capacity was in place during those dates. As EMAS covered the whole region it was able to move crews around the region to where the highest demand was.

RESOLVED:

That the update regarding the additional investment made available to EMAS and the improvement in performance be welcomed.

11. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Monday 18 December 2023 at 2.00pm.

2.00 - 4.00 pm
18 September 2023

CHAIRMAN