



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 1 November 2023.

PRESENT

Mrs B. Seaton CC (in the Chair)

Mr. R. G. Allen CC

Mr. D. Harrison CC

Mr. M. H. Charlesworth CC

Mr. J. Miah CC

Mrs. H. J. Fryer CC

Mr. T. J. Pendleton CC

In attendance

Mrs. L. Richardson – Cabinet Lead Member for Health and Wellbeing

Mrs. C.M. Radford CC – Cabinet Lead Member for Adults and Communities (item 33 refers)

Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (item 32 refers)

Kay Darby, Deputy Director, Vaccination Programme (item 32 refers).

Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire & Rutland (item 32 refers).

Hanif Moti, Local Dental Committee (item 34 refers).

Sarah May, Local Dental Committee (item 34 refers).

Ket Chudasama, Deputy Chief Strategy and Planning Officer, Integrated Care Board (item 34 refers).

Dianne Wells, Senior Commissioning Manager, Pharmacy, Optometry and Dental.

Liz Gundel, Deputy Head of Primary Care – East Midlands Primary Care.

25. Minutes of the previous meeting.

The minutes of the meeting held on 13 September 2023 were taken as read, confirmed and signed.

26. Question Time.

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

27. Questions asked by members.

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

28. Urgent items.

There were no urgent items for consideration.

29. 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.

Mr. D. Harrison CC and Mr. R. Allen CC declared non-registerable interests in Agenda item 9: Outcome of consultation on the Leicester, Leicestershire and Rutland Joint Living Well With Dementia Strategy 2024-28 as they both had close relatives that suffered from dementia.

30. Declarations of the Party Whip.

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

31. Presentation of Petitions.

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

32. Winter Plan 2023/24.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which summarised planning to manage winter pressures across Leicester, Leicestershire and Rutland (LLR) in 2023/ 2024 and provided an update on the Covid-19 and flu vaccination programme for the eligible population. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust, Kay Darby, Deputy Director, Vaccination Programme, and Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire & Rutland.

Arising from discussions the following points were noted:

- (i) Members welcomed the ambitions set out in the winter plan but stated that more detail should have been provided on the actions that would be put in place to achieve the goals. In particular members requested more data and evidence to help reassure them that targets would be reached. In response it was clarified that there were other documents held by UHL which had not been provided to the Committee that provided the further detail, actions and timescales. Future reports to the Committee on winter pressures would contain the further information requested.
- (ii) Ambulance handover times at Leicester Royal Infirmary Emergency Department had improved significantly since 2022.
- (iii) There had been a significant increase in the workforce for handling 999 and 111 telephone calls for the East Midlands area. Capacity in Primary Care had also been expanded.
- (iv) The discharge from hospital process was critical to flow through the hospital. Reassurance was given that there was close working taking place between UHL and the Adults and Communities Department at Leicestershire County Council

regarding discharge and social care. The NHS had agreed to fund additional capacity in social care. Social care staff were working on wards assessing people for discharge. People receiving home care were also being reviewed to help improve the flow.

- (v) The County Council was implementing a new intake service which would mean that every patient discharged from hospital into social care would be referred into the reablement service before receiving any other social care service. This would ensure that the patient's needs were properly assessed before further care was commissioned. The aim was that this would be implemented over winter 2023/24.
- (vi) Members welcomed the use of virtual wards which allowed people to be safely monitored from the comfort of their own home. It was planned to have 236 virtual beds in total by the end of autumn 2023.
- (vii) Recruitment at UHL was progressing better than planned and the number of vacancies was reducing. A member asked how UHL's financial situation would be affected should all the vacancies be filled. In response it was explained that the financial impact was not entirely clear but regardless UHL would continue to try and fill all the vacancies. UHL wanted substantive staff in post who would remain with the Trust for the long term.
- (viii) Part of the Winter Plan was to expand new services in the community, as up to 20% of emergency admissions could be avoided with the right care in place. There had been progress so far with a significant increase in people treated in the community. Currently 94% of patients were able to access urgent community response within 2 hours.
- (ix) Members welcomed the improvement in the length of waiting lists for elective care procedures.
- (x) Covid-19 vaccination uptake was 43% across LLR and 46% in Leicestershire. The Covid vaccination campaign would continue until 18th December with a strong equalities plan to drive uptake. Flu vaccination uptake was increasing and stood at 39% for LLR overall and 55% in Leicestershire. The flu campaign would continue until the end of March 2024.

RESOLVED:

- (a) That the update on planning to manage winter pressures across LLR in 2023/ 2024 and the Covid-19 and flu vaccination programme be noted;
- (b) That officers be invited to provide a further report to the Committee on winter pressures in advance of the 2024/25 winter.

33. Outcome of consultation on the Leicester, Leicestershire and Rutland Joint Living Well With Dementia Strategy 2024-28.

The Committee considered a joint report of the Directors of Adults and Communities and Public Health which presented the outcome of the consultation on the draft Leicester, Leicestershire and Rutland (LLR) Joint Living Well with Dementia Strategy 2024-28 following a formal consultation exercise. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Mrs. C.M. Radford CC – Cabinet Lead Member for Adults and Communities.

Arising from discussions the following points were noted:

- (i) Diagnosis rates for dementia had reduced substantially as a result of services closing due to the pandemic. Members noted the barriers to improving diagnosis rates including a reluctance on the part of individuals to get tested which needed to be overcome. Members welcomed the action which was being undertaken to encourage people to come forward for a diagnosis.
- (ii) It was usually friends or relatives of dementia sufferers that spotted the signs of dementia first rather than the sufferer themselves and the Committee questioned whether there was sufficient awareness in communities of the signs that somebody might be suffering from dementia. Members raised particular concerns about those people living alone where the signs were less likely to be spotted. Adverts relating to dementia often featured couples and more needed to be done to reach out to those people that lived alone. Concerns were raised that where groups and activities were put on in communities to target dementia sufferers, single people would be reluctant to attend those events by themselves. A further reason for targeting those people that lived alone was that the speed that dementia developed was impacted by social isolation and a lack of mental stimulation.
- (iii) The dementia work was being carried out partnership approach through the LLR Dementia Programme Board with LLR councils, the ICB, Leicestershire Partnership NHS Trust (LPT), University Hospitals of Leicester (UHL), the voluntary sector and other allied professionals all part of the partnership. Each organisation involved had its own Action Plan which the Board would hold them to account for.
- (iv) Two thirds of people with dementia were women. It was suggested that the reason for this was that women lived longer or it could be that they were more willing to come forward for diagnosis. The issue would be tackled in LLR as part of the delivery plan for the Dementia Strategy.
- (v) Members were disappointed that Admiral Nurse provision in the county had ceased earlier in 2023 and praised the support that Admiral Nurses provided to people suffering from dementia and their families. In response it was clarified that the Admiral Nurse service was not commissioned by the County Council and had been discontinued by Primary Care Networks when Voluntary, Community Social Enterprise funding was removed. The Committee noted that Healthwatch was campaigning for Admiral Nurses to be re-instated in Leicestershire and members supported this campaign.

RESOLVED:

- (a) That the draft Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy 2024-28 be supported and recommended it to Cabinet.
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 24 November 2023.

34. Intermediate Minor Oral Surgery

The Committee considered two reports; one from the Local Dental Committee (LDC) which raised concerns about the discontinued procurement process for Intermediate Minor Oral Surgery (IMOS) in Leicestershire, and one from the Integrated Care Board which responded to those concerns. Copies of the two reports, marked 'Agenda Item 10', are filed with these minutes.

The Committee welcomed to the meeting for this item Hanif Moti and Sarah May from the Local Dental Committee, Ket Chudasama, Deputy Chief Strategy and Planning Officer, Integrated Care Board, Dianne Wells, Senior Commissioning Manager, Pharmacy, Optometry and Dental, and Liz Gundel, Deputy Head of Primary Care – East Midlands Primary Care Team.

In presenting the Local Dental Committee report Hanif Moti emphasised the following points:

- (i) With regards to the engagement and consultation process that was undertaken to seek views and feedback from patients, public, dental profession and key stakeholders, the Local Dental Committee felt that the number of responses received was insufficient. Although 5,000 patients across the East Midlands who had received treatment under the IMOS pathway were contacted to complete the online engagement survey only 20 patients responded. There were only 29 responses from the public and 17 responses from dental professionals. Hanif Moti submitted that the consultation process was flawed and it should not have been possible to draw any meaningful conclusions from it.
- (ii) There were currently 10 oral surgery sites in Leicester, Leicestershire and Rutland but in the future there would only be four and patients would be expected to travel to the sites which was unreasonable for those suffering from dental pain etc.
- (iii) Currently providers were paid £174 for a typical case, a fee which had remained unchanged since 2012. This would be reduced to £141.42 under the new contracts. The fee was already lower than other areas of the country and the reduction would make the payment even less competitive.
- (iv) In the view of the Local Dental Committee the only problem with the current service was the lack of sedation facilities at the sites in Leicestershire.
- (v) In summary Hanif Moti submitted that the whole process needed reconsideration before the procurement process took place.

Arising from discussions the following points were noted:

- (i) Members expressed concerns that not one bidder in Leicestershire had been successful under the procurement process and questioned whether the process and the relevant documents were too complicated. In response reassurance was given that lessons had been learnt from the first procurement exercise and would be incorporated into the re-procurement process. The documentation would be reviewed and revised. The people writing the bids were clinical experts not procurement experts therefore they required help. Engagement and education events were taking place to support contractors to enable their bids to be more successful.

- (ii) No dates had been set for when the re-procurement would take place and it would not be within the next month.
- (iii) Most of the services were previously delivered in the Leicestershire east area though it was questioned whether this was just where dentists referred patients to or whether it was where patients actually wanted to go.
- (iv) Members shared the concerns of the Local Dental Committee regarding the remuneration for the service.
- (v) A member questioned whether any of the current providers had bid under the 2022/23 procurement process and noted that if they did and were not successful this raised questions about whether the current service was adequate. In response reassurance was given that there were no clinical concerns about the current service.

RESOLVED:

- (i) That the concerns raised by the Local Dental Committee and the responses from the Integrated Care Board to those concerns be noted;
- (ii) That the Integrated Care Board be requested to provide a further report to a future meeting of the Committee regarding the re-procurement process.

35. Review of Homeless Support Service.

The Committee considered a report of the Director of Public Health which informed of the outcome of the consultation on the proposed delivery model for homeless support and presented the recommendation that Cabinet would be asked to approve. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The proposal was to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services where eligibility was wider. The driver behind the change in model was not just budgetary pressures. The current contract was due to end in March 2024 and therefore the provision would have required reviewing regardless of any requirements of the Medium Term Financial Strategy. The new model would support many more people than were currently supported through the Falcon Centre. The Committee welcomed this approach and was of the view that the use of First Contact Plus had the potential to achieve far more holistic outcomes.
- (ii) The existing model was not designed for individuals who had more complex health needs. The staff were not trained to deliver more complex support (it had been intended that those individuals would receive that support from the NHS).
- (iii) In response to a question from a member, it was clarified that under the proposed model people that were already homeless or rough sleeping would be dealt with by the District Council Rough Sleeping Initiative. Should a person have both a housing and a health problem they would be dealt with by the relevant District Council

housing team for the housing need and then referred onto First Contact Plus who would carry out a triage process and ascertain what type of health and wellbeing support the individual needed.

- (iv) The Committee welcomed the format of the consultation that had taken place and the number of responses that had been received.
- (v) The review of homeless support services would result in a saving of £300,000 by 1 April 2024. In response to a concern raised by a member that the £300,000 saving could be negated by an increase in demand for the service, it was explained that Covid-19 funding had been used to increase capacity in the First Contact Plus team and Local Area Co-ordinators in Leicestershire and therefore there was confidence that the demand could be managed.

RESOLVED:

- (a) That the outcome of the consultation on the proposed delivery model for homeless support be noted;
- (b) That the proposed new model for homeless support be supported.

36. Whole School Approach to Food and Nutrition.

The Committee considered a report of the Director of Public Health which sought views of the Committee on 'Whole School Approach to Food and Nutrition' (WSAF&N), known to schools as the Food for Life (FFL) programme, as part of engagement on a new offer. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Members recognised the financial pressures Public Health was facing and that the County Council's Medium-Term Financial Strategy 2023/24 – 2026/27 included a target of saving £150,000 by 2024/25 through a review of the WSAF&N programme.
- (ii) Feedback had been received from schools as part of the engagement. Whilst the feedback was generally understanding of the changes, some schools had concerns about the loss of staff support under the new proposals. A member raised concerns that some schools would be disproportionately affected and suggested that those schools should continue to receive targeted support. In response reassurance was given that support would be still available for children in those areas with the highest obesity levels.
- (iii) The programme targeted some of the most vulnerable children in Leicestershire who could go on to develop more complex health issues and members felt it was important that some elements of the programme were still in place going forward.

RESOLVED:

That the proposed change to the service offer for Whole School Approach to Food and Nutrition be supported.

37. Physical Activity Programme.

The Committee considered a report of the Director of Public Health which sought views around the proposed reductions to physical activity programmes as part of consultation. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Members noted that whilst it was unfortunate that the physical activity programmes had to be reduced, there were many alternative options in communities for the public to get involved in physical activity.

RESOLVED

That the proposed reductions to physical activity programmes be supported.

38. Director of Public Health Annual Report.

The Committee considered a report of the Director of Public Health which presented the Director of Public Health's Annual Report for 2023. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

The Committee raised concerns about the prevalence of vaping in Leicestershire particularly amongst children and suggested that it should be covered in the Annual Report. In response the Cabinet Lead Member for Health provided reassurance that she shared the concerns about vaping, was monitoring the issue, and work was being carried out to tackle the issue in conjunction with the Trading Standards department at the County Council.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 24 November 2023.

39. 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 15', is filed with these minutes.

RESOLVED:

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

40. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Wednesday 17 January 2024 at 2.00pm.

2.00 - 4.26 pm
01 November 2023

CHAIRMAN

This page is intentionally left blank