



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 15 January 2025.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. R. Hills CC

Mrs. H. J. Fryer CC

Ms. Betty Newton CC

Mr. D. Harrison CC

Mrs B. Seaton CC

In attendance

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

Mr. B. Champion CC – Cabinet Support Member

Fiona Barber – Healthwatch Leicester and Leicestershire

David Baxter – Integrated Care Board (Minute 48 refers)

39. Minutes of the previous meeting.

The minutes of the meeting held on 13 November 2024 were taken as read, confirmed and signed, subject to the addition of Fiona Barber, Healthwatch Leicestershire, to the attendance list.

40. Question Time.

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

41. Questions asked by members.

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

42. Urgent items.

There were no urgent items for consideration.

43. 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 agenda item 10: Health Performance Update as they had close relatives that worked for the NHS.

44. Declarations of the Party Whip.

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

45. Presentation of Petitions.

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

46. Medium Term Financial Strategy 2025/26 - 2028/29

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2025/26 to 2028/29 Medium Term Financial Strategy (MTFS) as it related to Public Health. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, and Mr. B. Champion CC Cabinet Support Member, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Funding for Public Health came solely from the Department of Health and Social Care, not Council tax. The Public Health Grant for 2025/26 had not yet been announced but was expected soon. As the funding details had not yet been received an assumption had been made by the department that there would be a 2% increase in the Grant for 2025/26.
- (ii) The Public Health Grant could only be spent on public health functions. The department had specific statutory duties, as well as an overall statutory duty to take steps to improve the overall health of the population. The Public Health Grant was also used by other departments within the County Council for discretionary services that could be described as fulfilling the Public Health department's overall duty to improve the health of the population. Should further savings have to be made by Public Health, that funding to other departments could have to be withdrawn.
- (iii) Leicestershire County Council spent less on lifestyle services, such as stop smoking, weight management etc, than other authorities. It was not mandatory for Public Health departments to fund lifestyle services so in theory they could be cut. However, this would be difficult in practice as those services contributed to the department's overall duty to improve the health of the population and had a positive impact.
- (iv) The MTFS covered a 4 year period but the benefits of health interventions often took longer than that to become apparent.
- (v) In response to concerns raised by a member about the impact of cuts on services, some reassurance was given that services commissioned and delivered by Public Health were given an efficiency score and those services which had the biggest impact for the largest number of people were prioritised. The department's approach was to redesign commissioned services so that as good a service could be provided at a reduced cost. The Homelessness Service was one example of this.

- (vi) With regards to measuring the impact of services, regular modelling took place. There was a Public Health Outcomes Framework which contained 36 indicators related to public health priorities and delivery.
- (vii) The NHS was no longer funding any pay increases for providers commissioned by the local authority therefore Public Health was facing a cost pressure resulting from the NHS Agenda for Change pay rises. However, subsequent to the report for the meeting being published the department had received £868,000 additional funding to cover those costs.
- (viii) In response to concerns raised by a member regarding people feeling isolated and lonely, particularly the elderly, it was explained that the First Contact Plus and Local Area Co-ordinator services helped with this issue. A report on this topic would be considered at the next meeting of the Committee.
- (ix) Public Health funded the Health Check programme which was delivered by General Practice. There had been an increase in demand for the service which was a positive because it meant that more people were getting checked but this did add cost pressures to the department.
- (x) The council held a contract with Soldiers', Sailors' and Airmen's Families Association (SSAFA) to provide support to ex-service personnel. The contract was due to end in March 2025 and the service was being reviewed. A large amount of data relating to the service, particularly referral outcomes, was being analysed. No decision had been made yet on whether the service would be recommissioned or cut. Members emphasised that it was important to provide some support to armed forces veterans. In response it was clarified that work with veterans would still take place even if the SSAFA contract was not renewed but consideration would have to be given to whether it should be carried out by organisations other than SSAFA. An alternative could be for the support to be provided by Local Area Co-ordinators and First Contact Plus. There were also other charities that worked with military veterans. A member emphasised that working age veterans and older veterans had different needs.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 27 January 2025.

47. Annual Report of the Director of Public Health - Leicestershire's Health - Inequalities in Health.

The Committee considered a report of the Director of Public Health which presented his Annual Report for 2024 which focused on health inequalities in Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Health inequalities in Leicester City received a lot of attention but there were also significant inequalities in Leicestershire. It was hoped that the Director of Public Health's Annual Report could be used to draw attention to those inequalities and be used as a vehicle for tackling them by the Public Health department itself and bodies such as the Integrated Care Board.
- (ii) Healthwatch Leicestershire emphasised that they had the ability to engage with diverse groups of people that could be affected by health inequalities and offered the Director of Public Health assistance with obtaining feedback to help design services and implement the recommendations in the report. The Director of Public Health welcomed this.
- (iii) A member raised concerns that whilst it was good to engage with communities and understand their issues, there was a risk of raising their expectations that the problems could be solved. Some issues needed tackling on a national level. Concerns were also raised that vulnerable groups had been identified in previous years but the inequalities remained.
- (iv) In response to a question as to how quickly Public Health could react to significant national/regional events such as pandemics, flooding, or economic crises, it was explained that Public Health tended to rely on data that was collected annually which made a fast response difficult. However, real time monitoring did take place and there were bodies such as the Mental Health Sub Group or the Resilience Forum that would react to sudden trends.
- (v) Some parts of Leicestershire had a high number of students residing there but as students did not normally record their university accommodation as their main place of residence they would be excluded from the data.
- (vi) The more resilient communities were and able to join together to tackle local issues, the easier it would be for health professionals to plan interventions.
- (vii) In response to a suggestion that the public did not always know where to go for help, reassurance was given that contact details had recently been published in the Leicestershire Matters magazine and they would be included again in further publications of the magazine.

RESOLVED:

That the contents of the Director of Public Health's Annual Report for 2024 be welcomed.

48. Health Performance update.

The Committee considered a joint report of the Chief Executive and ICS Performance Service which provided an update on public health and health system performance in Leicestershire based on the available data in December 2024. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item David Baxter, Integrated Care Board.

Arising from discussions the following points were noted:

- (i) The performance assessment of the NHS was based on the National System Priorities for 2024/25 alongside local priorities agreed by the Integrated Care System. Benchmarking was against 40 other Integrated Care Boards nationally.
- (ii) Public Health performance was measured against the Key Performance Indicators in the Public Health Outcomes Framework set nationally by the Department of Health and Social Care.
- (iii) Members questioned how the performance data for Leicestershire compared with neighbouring areas and pointed out that Leicestershire residents could choose to seek treatment out of county if the performance was better elsewhere. In response it was explained that the report did provide comparison data with 'nearest neighbours' i.e those areas with similar demographics and economic factors but future reports could provide a comparison with regional neighbours if required. However, caution was given that comparing performance in Leicestershire with other parts of the East Midlands could be misleading because the systems in different counties worked in different ways. For example, with regards cancer performance Leicester Royal Infirmary was a specialist centre for cancer and dealt with more complex cases than other hospitals in the region.
- (iv) Some of the data in the report relating to cancer performance was quite old therefore did not give a completely accurate and up to date picture. There was confidence, however, that the metric relating to the 62-day standard was on an improving trajectory.
- (v) A member raised concerns about Urgent and Emergency Care performance particularly ambulance handover times at the Emergency Department and questioned why no improvements had been seen despite this being a problem for many years. It was questioned whether the plans that had been put in place were adequate. In response reference was made to this being a national problem and high demand now being seen throughout the year, not just in winter. One of the issues was all beds within the hospital being occupied as the occupants were not being discharged quickly enough. Even if additional wards were set up there was still a problem of having enough staff to work on them.
- (vi) With regards to concerns raised about dental performance the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee had scrutinised this in detail at a recent meeting and was likely to be considering the matter again.
- (vii) The metric for Diagnostics – percentage of patients waiting over 6 weeks was RAG rated red. It was explained that out of the 9 diagnostic tests it was only the one for audiology that was below target, and the other 8 were performing to plan.

RESOLVED:

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

49. 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.

50. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 5 March 2025 at 2.00pm.

2.00 - 3.35 pm
15 January 2025

CHAIRMAN