



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 5 November 2025.

PRESENT

Dr. S. Hill CC (in the Chair)

Mr. M. Bools CC  
Mr. N. Chapman CC  
Mrs. L. Danks CC  
Mr. P. King CC

Mrs. K. Knight CC  
Mr J. Poland CC  
Mr. K. Robinson CC

Apologies

Mr. M. Durrani CC and Mr. B. Piper CC

In attendance

Mr. J. Miah CC – joined via Microsoft Teams  
Mr. J. McDonald CC – joined via Microsoft Teams  
Fiona Barber – Healthwatch Leicester and Leicestershire  
Mr. J. T. Orson CC (items 28 and 32 refer) - joined via Microsoft Teams.  
David Williams, Group Director Strategy & Partnerships, Leicestershire Partnership NHS Trust (item 33 refers).  
Susannah Ashton, Divisional Director, EMAS, Leicester, Leicestershire and Rutland (item 34 refers).

26. Minutes of the previous meeting.

The minutes of the meeting held on 3 September 2025 were taken as read, confirmed and signed.

27. Question Time.

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

28. Questions asked by members.

The Chief Executive reported that three questions had been received under Standing Order 7(3) and 7(5).

1. Question from Mr. A. Innes CC:

As has been widely publicised, the services at St Mary's Birth Centre have been suspended for an indeterminate period of time due to staff shortages. The community in Melton and the surrounding areas are rightly concerned that this closure may become

permanent. There has been local representations made by residents, councillors and the MO for Melton and Syston.

I would like to know what are the current plans for the birthing centre, and how do the ICB intend to fulfil their statutory responsibility to provide adequate health services for the communities they serve?

**Reply by the Chairman:**

I have asked University Hospitals of Leicester NHS Trust (UHL) for an answer to your question and I have received the following response:

“Pausing births and inpatient care at the Centre from 7 July was a difficult but necessary step. We did this to ensure the safety of mums and babies - nothing is more important. We are currently working with colleagues at the Leicester, Leicestershire and Rutland Integrated Care Board to determine next steps for St Mary’s Birth Centre. This includes discussion of the safety risks and mitigation. We anticipate an update from the ICB and UHL will happen before January 2026.”

As soon as UHL and the ICB are ready to provide any further detail about their plans I intend to request that they attend a meeting of the Leicestershire County Council Health Overview and Scrutiny Committee to present a report, not just on St Mary’s Birth Centre, but on the plans for maternity services in the whole of Leicestershire. Officers will ensure that you are made aware of when this meeting will take place and provide you with a copy of the report.

**2. Question from Mr. A. Innes CC:**

Melton Mowbray is serviced by a single GP practice, Latham House, and following a recent report that the project to site a second GP practice in the town has been suspended there is further upset in the community following this decision. The Melton community cannot continue to have a situation where appointments are pushed out to 6 weeks and even for simple tests, we have to wait weeks to have these done.

I would like to ask does the Chair of the Committee share my concerns and how is the ICB planning to meet their statutory requirement to ensure that there is adequate healthcare provision for the communities in their designated areas, and more specifically for Melton Mowbray?

**Reply by the Chairman:**

I share the concerns of residents and local members from Melton over this issue. Therefore, we will be examining this matter in more detail at a future meeting of the Leicestershire County Council Health Overview and Scrutiny Committee. I am aware of concerns elsewhere in the County over GP practices, so any report we have will cover not just Melton, but other areas as well. In addition, the issue of access to GP practices is going to be examined by the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee in the new year.

In the meantime, I have obtained the following statement from the Integrated Care Board:

“We are working closely with GP practices across Leicester, Leicestershire and Rutland (LLR), including in Melton, to ensure any available, additional funding and recruitment opportunities are taken up and used to meet the health needs of our diverse communities, equitably. Practices are supported to implement new ways of working to

improve access and care, including introducing new technology, integrating a wider range of health professionals, innovating how care is provided and improving premises. We are working with Latham House specifically to increase the ways the practice can support local residents, including a new digital suite at the main site, an approved redevelopment of a property owned by the practice on Sherrard Street to extend clinical services and increasing recruitment including five GPs. We are committed to continuing to work with Melton Borough Council on the health services provided for residents and our Chief Executive and Chief Strategy Officer are due to meet over the coming weeks with the council leaders.

To ensure we use limited resources in the best way to meet the needs of all patients, we are also coordinating partners across the health and care system by matching them to the right level of care for their medical condition, with the right health professional, in the right part of the NHS, first time, and improving access to same-day care. We are currently engaging with local communities to raise awareness of a two-step process to help them get the right care.

*Supporting information:*

- The healthcare provided by GP practices is funded according to the national GP contract and the integrated care board receives limited other funding streams with which to increase investment in general practice.
- Recent examples include additional investment to ensure local practices receive equitable funding to provide core services and encouraging primary care networks (groups of practices) to recruit additional staff from a wide range of roles under the Additional Roles Reimbursement Scheme (ARRS) - 30 additional newly qualified GPs have been employed in practices in LLR under this scheme.
- ICBs do not routinely receive capital funding to develop new practices themselves. Any new premises therefore need to be funded by local authority S106 contributions, private/public investment and GP practice investment.
- This helps balance the needs of all patients across Leicester, Leicestershire and Rutland using limited NHS resources.
- Over recent years, GP practices have been working hard to evolve how they provide care to improve access and improve patients' health.
  - GP practices have a wider mix of specialist health professional who work together to care for patients. GPs look after the most seriously unwell patients and those with the most complex needs and people with less serious health conditions are supported by the wider practice team, appropriate for the condition.
  - GP practices also work more closely with community pharmacies. Now conditions that used to be seen in general practice are looked after in a pharmacy, for example under the Pharmacy First scheme.
  - Practices are using new technologies which are often more convenient for many people. Digital options won't be suitable for everyone, but they free up traditional methods for those who can't use online options.
  - Cloud based telephone systems, with a call-back function, and online forms for making requests.
- Through GP practices and NHS 111, same-day appointments can be arranged if a patient's condition means that they need to be seen quickly. This could be at their own practice, at a local pharmacy under the Pharmacy First scheme, at an urgent treatment centre or another GP practice or health centre (during evenings, weekends and bank holidays). Melton Urgent Care Centre provides these latter appointments. Melton also has a Minor Injury Unit.

- The ICB regularly seeks the views of local people about the services they experience, in order to make improvements. The ICB carried out an LLR-wide GP practice experience survey in 2024. Local residents currently have the opportunity to share their views of same-day appointments, such as general practice and pharmacy appointments, and a new two-step approach to getting care quickly. The questionnaire closes on 7 December 2025:  
[https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/need-help-fast-engagement/”](https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/need-help-fast-engagement/)

### **3. Question from Mr. J. T. Orson CC**

Melton residents were dismayed to learn that the ICB has deferred funding for a second GP practice until February 2027. This decision has understandably intensified concern about the adequacy of current provision.

Would you agree that the time is right for constructive scrutiny—particularly in relation to Latham House Medical Practice? Persistent concerns around staffing levels, patient engagement, waiting times, and care protocols suggest that Health Scrutiny might now play a vital role in clarifying both current practice and future need. A formal review could offer reassurance, transparency, and a pathway forward.

I also believe all four Melton LCC Members and MBC would welcome the opportunity to contribute a solutions-focused perspective. There are areas where modest adjustments could yield meaningful improvements, and I'm confident both Councils stand ready to support any ongoing efforts.

I hope this letter strikes the right balance between challenge and collaboration. Please let me know if further discussion or additional detail would be helpful.

Warm regards,  
 Joe Orson  
 Melton Wolds Division

### **Reply by the Chairman:**

I agree that the time is right for constructive scrutiny of the issues relating to Latham House Medical Practice. Officers that support the Leicestershire County Council Health Overview and Scrutiny Committee have been liaising with the Integrated Care Board regarding which would be a suitable Committee meeting for representatives of the ICB to come and present a detailed report on access to GP Practices, not just in the Melton area but in the whole County of Leicestershire. It is hoped that the report would address many of the issues you raise such as staffing levels and waiting times. The members that represent divisions in the Melton area will be invited to the Committee meeting at which this issue is considered. However, the limitations in terms of the powers and time constraints of the Health Overview and Scrutiny Committee must be recognised. Whilst the Committee can request reports and ask questions at public meetings, a more in-depth formal review would have to be carried out by the ICB themselves. Please see the interim response from the ICB set out in the answer to the question from Mr. Innes CC above. Please be assured that the Committee will continue to scrutinise the ICB on this topic and will invite you to any Committee meeting relating to health issues in the Melton area.

29. Urgent items.

There were no urgent items for consideration.

30. 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. J. Poland CC declared an interest in Agenda Item 3: Questions asked by members and Agenda Item 7: presentation of petitions as he worked for Edward Argar MP as a Senior Caseworker and had been involved in campaigning regarding St Mary's Birth Centre and access to GP Practices in the Melton area.

31. Declarations of the Party Whip.

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

32. Presentation of Petitions.

The Chief Executive reported that the following petition had been received from Mr. J. T. Orson CC under Standing Order 36 signed by over 2,000 Leicestershire residents (over 3000 signatures in total):

"We are a growing community in Melton Mowbray, and it is crucial to protect all our health-related services. However, the impending closure of St Mary's Birth Centre is more than just a Melton issue - it's a significant concern for the entire University of Leicester Hospitals Trust. St Mary's Birth Centre has been an invaluable facility for expectant mothers not only in Melton but also from across Leicestershire and Rutland. Many choose it for its outstanding maternity and postnatal care, characterised by a nurturing environment and exceptional professional support.

Despite the invaluable services provided by St Mary's Birth Centre, it suffers from a lack of promotion and insufficient staffing. These issues affect its ability to operate to its full potential and serve the needs of our community. Closing this centre would not only limit choice for expectant mothers across the Trust, but also place additional strain on alternative maternity services within the region, potentially compromising the quality of care, particularly postnatally.

"Better Births" a 2016 report from the National Health Service, reveals that having more birthing options leads to better health outcomes for both mothers and babies. The centralisation of maternity services often overlooks the unique benefits provided by community-focused and midwife-led centres like St Mary's.

Our goal is to urge the University Hospitals of Leicester NHS Trust to not only re-open St Mary's Birth Centre but to revisit the decision to remove our only freestanding midwife-led unit in Leicestershire, and secure its future with adequate staffing and through promoting its services. We need to ensure that it receives the recognition and resources deserved to remain a viable option for expectant mothers now and for future generations.

Stand with us in the fight to safeguard women's choices and local services. Sign this petition now to protect and promote the exceptional care provided by St Mary's Birth Centre, ensuring it remains the gem that it is."

The Chair stated that the issues raised in the petition were of interest to the Committee and liaison was taking place with NHS partners about which would be a suitable Committee meeting to have a report and presentation on this topic. Interested parties would be informed of the date of the meeting in due course.

33. New LPT Strategy - Together We Thrive.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which introduced their new strategy 'Together we thrive'. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item David Williams, Group Director Strategy & Partnerships, LPT.

Arising from discussions the following points were noted:

- (i) One of the key elements of the strategy was a move from analogue to digital. It was hoped to automate admin processes, such as changing an appointment date, so that staff could focus on other tasks. This approach was welcomed in the main by members, but it was emphasised that it was important to ensure people that were not digitally enabled were not left out. In response reassurance was given that LPT aimed to help promote digital literacy. It was explained that if the majority of patients engaged with LPT digitally, this would leave more time for staff to engage with the patients that were less digitally enabled. Members raised concerns that the latter were the cohort that would need LPT services more and could therefore still be negatively affected by the move from analogue to digital.
- (ii) Members raised concerns about vulnerable people with mental health issues having to engage with Artificial Intelligence rather than a human person.
- (iii) In response to a question as to whether the commitment to building compassionate care and wellbeing for all needed to be contained within a strategy, as it should be business as usual, it was emphasised that it was important to re-enforce this aim. Examples of where the wellbeing work was effective was the community events taking place at Fearon Hall in Loughborough and the respiratory work taking place in West Leicestershire.

**RESOLVED:**

That the contents of the LPT strategy 'Together we thrive' be noted.

34. East Midlands Ambulance Service.

The Committee considered a report of East Midlands Ambulance Service (EMAS) which gave an overview of their work. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Susannah Ashton, Divisional Director, EMAS, Leicester, Leicestershire and Rutland.

Arising from discussions the following points were noted:

- (i) One of the advantages of EMAS being a regional organisation rather than solely for Leicestershire was that in periods of high demand in Leicestershire resources could be taken from elsewhere in the region to help out.
- (ii) At times EMAS would take a patient picked up in Leicestershire across the border to a hospital in the West Midlands as it was closer, however EMAS would not pick patients up in the West Midlands.
- (iii) Ambulances could take longer to reach patients in rural areas. The software used by EMAS gave advice on the best routes to take to avoid roadworks or other blockages. Although there were ambulance stations in rural areas this did not mean an ambulance would be at the station ready to go when a call came in for a rural area. The ambulance could be on a job in another area.
- (iv) The table in the report demonstrated that the category 2 response times had lengthened significantly in December 2023 and again in December 2024. This was thought to be due to an increase in demand around that time of the year rather than being due to staff being on holiday. Reassurance was given that staffing levels did not fluctuate during the year and were kept consistent.
- (v) In response to concerns raised, members were reassured that whilst patients were waiting for an ambulance or paramedic the control room would keep in touch with them. The number of call takers and clinicians available to provide the Hear and Treat service had been increased. NHS England had set a target of 20% of ambulance calls being managed by the Hear and Treat service; the latest figure for EMAS was 24%.
- (vi) In response to a question about how ambulance handover times at the Emergency Department in Leicester compared with other areas of the country, it was explained that it varied. The National Standard was a 15 minute handover time but as this was not always realistic, in 2025 ICBs had been asked to aim for a 30 minute handover time. It was agreed that the exact comparison data would be provided to members after the meeting.
- (vii) Members queried what percentage of people called for an ambulance when they did not need one and could have received treatment via another method. Some patients that were dealt with by EMAS had called 111 and some had called 999. Patients did not always call the correct number for their medical issue, but either way they would receive the same service because the same pathway system was used. Members indicated that they might wish to scrutinise these issues further at a future meeting.
- (viii) Concerns were also raised that the call operators were allocating ambulances to calls when the patient could have been conveyed to hospital via other means. Members queried how good the call handlers were at triaging patients and deciding what treatment and assistance they required. In response it was explained that the accuracy was variable and it could be challenging for the call takers to make the right assessment as most patients did not have the medical training to describe their symptoms accurately. However, calls could be re-categorised very easily once EMAS had seen a patient face to face. Reassurance was given that the calls were

reviewed and audited and further guidance was issued to call operators when necessary. It was not possible for EMAS to change the questions asked by call operators as the questions were set nationally. It was agreed that data regarding the accuracy of the triage process would be provided after the meeting.

- (ix) It was explained that 39% of patients dealt with by EMAS were conveyed to hospital and the remaining 61% were conveyed to an alternative place of care. Members asked to receive further information regarding these statistics.
- (x) In response to a query, it was explained that there were enough training places for paramedics. Locally Nottingham Trent University and Northampton University ran the courses. However, the problem was that there were not enough vacancies for newly qualified paramedics.
- (xi) West Leicestershire had been named as one of 43 areas in England which would benefit from improved Neighbourhood Health Services as part of a government scheme. A decision had been made locally that this work would focus on respiratory issues and EMAS was linked in with this work. EMAS was also involved in other community schemes such as work taking place in Hinckley and Bosworth district to identify and address mould in homes.

**RESOLVED:**

- (a) That the overview of the work of EMAS be noted;
- (b) That officers be requested to provide regional comparison of ambulance handover times, data regarding the accuracy of the triage process and the percentage of calls to EMAS where the patient could have received appropriate treatment elsewhere.

35. Leicestershire HIV Late Diagnosis.

The Committee considered a report of the Director of Public Health regarding the latest HIV late diagnosis position, and actions underway to improve diagnosis across Leicestershire. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Leicestershire was ranked 15th out of 16 when benchmarked against comparable authorities for the metric 'HIV late diagnosis in people first diagnosed with HIV in the UK'. The data had to be considered with caution because not all authorities carried out the same amount of testing. Although Worcestershire was rated green for this metric, they carried out far less testing than Leicestershire. Leicestershire was ranked 3<sup>rd</sup> out of 16 for testing rates. The HIV late diagnosis indicator was based on the proportion of all those diagnosed with HIV who were diagnosed late and very few authorities were meeting the national target of <25%. The Cabinet Lead for Health stated that it was more important to increase testing numbers, and not be too concerned if this led to an increase in positive tests.
- (ii) In response to a suggestion that the whole population of Leicestershire could be tested for HIV, it was explained that this would not be a proportionate and necessary approach, but increasing testing numbers was important.

- (iii) The Public Health Department was analysing the HIV data to see what could be learnt. There were some difficulties as due to the small numbers, data was redacted. Demographic data was not available at district level but was available at Leicestershire level.
- (iv) During the Covid-19 pandemic HIV testing at home had been introduced and this had continued after the pandemic. It had been proved to be popular and successful. The amount of tests taking place at home was increasing year on year. Members welcomed this.
- (v) Nationally, work on HIV was directed through 'Towards Zero – An action plan towards ending HIV transmission, AIDS and HIV related deaths in England'. Members welcomed this work and felt that the aim was realistic. However, concerns were raised about the possible impact of budget cuts on HIV work.
- (vi) There were concerns that the public was not using barrier forms of contraception as much as they should be and were too reliant on taking Pre-Exposure Prophylaxis (PrEP). This was leading to an increase in other sexually transmitted infections such as syphilis and gonorrhea. Messages needed to be disseminated to the public to remind them to use condoms.
- (vii) Peer support groups were available for people with HIV.

**RESOLVED:**

That the update regarding HIV diagnosis be noted and the actions underway to improve diagnosis across Leicestershire be welcomed.

36. Healthwatch Leicestershire Annual Report 2024/25.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented their Annual Report 2024-25. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The report was presented by Fiona Barber, Healthwatch Leicestershire Board member.

Arising from discussions the following points were noted:

- (i) Access to GP appointments was one of the main issues raised by the public with Healthwatch.
- (ii) In response to concerns raised by a member about parking at Leicester Royal Infirmary, Fiona Barber agreed to raise this with University Hospitals of Leicester NHS Trust during her next meeting with them.
- (iii) The Healthwatch Leicester and Leicestershire Contract was held by Leicester City Council and Leicestershire County Council under a formal joint working agreement. In response to concerns raised by a member that cuts could be made to Healthwatch funding as part of an efficiency review taking place at Leicestershire County Council, reassurance was given that the current contract was funded in total via a ring-fenced grant.

- (iv) The government was proposing that Healthwatch functions related to healthcare be combined with the involvement and engagement functions of Integrated Care Boards and Healthwatch functions related to social care transfer to local authorities. Primary legislation was required to implement these changes as Healthwatch had been set up as a result of the Health and Social Care Act 2012. The legislation was currently being drafted but was not expected to pass through parliament until later in 2026. In the meantime Healthwatch was continuing business as usual.

RESOLVED:

That the contents of the Healthwatch Annual Report 2024-25 be noted.

37. Issues arising from Health Performance report that merit more detailed scrutiny.

The Committee considered a joint report of the Chief Executive and the ICS Performance Service which provided update on public health and health system performance in Leicestershire and Rutland based on the available data in October 2025. A copy of the report, marked 'Agenda Item 12' is filed with these minutes.

Members were asked whether there were any areas identified in the report that they felt required more detailed scrutiny at a future meeting. Secondary/elective care appointment waiting times was suggested and how the waiting lists were managed. In addition it was noted that the metric relating to suspected cancer patients starting treatment within 62 days of referral was rag rated red therefore members felt that it was worth a detailed look at the reasons behind this.

RESOLVED:

- (a) That public health and health system performance in Leicestershire be noted;
- (b) That officers be requested to provide a report for a future meeting regarding secondary care appointment waiting times and cancer referrals.

38. 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 13', is filed with these minutes.

RESOLVED:

That the work programme be noted.

39. Dates of future meetings.

RESOLVED:

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

Wednesday 14 January 2026;  
Wednesday 4 March 2026;

Wednesday 3 June 2026;  
Wednesday 9 September 2026;  
Wednesday 4 November 2026.

2.00 - 4.21 pm  
05 November 2025

CHAIRMAN

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