

Minutes of a meeting of the Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Wednesday, 11 November 2020.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. D. C. Bill MBE CC
Mr. J. G. Coxon CC
Mrs. A. J. Hack CC
Dr. S. Hill CC

Mr. J. Morgan CC
Mr. J. T. Orson JP CC
Mrs. R. Page CC
Mr T. Parton CC

In attendance

Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire (minutes 24 and 25 refer).

David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (minute 24 refers).

Jeanette Bowlay-Williams, Clinical Psychologist, Leicestershire Partnership NHS Trust (minute 24 refers).

Kate Allardyce, Senior Performance Manager, NHS Midlands and Lancashire Commissioning Support Unit (minute 26 refers).

Alison Buteux, Performance Manager, NHS Midlands and Lancashire Commissioning Support Unit (minute 26 refers).

Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City Clinical Commissioning Group (minute 26 refers).

Please note: The Health Overview and Scrutiny Committee meeting on Wednesday 11 November 2020 at 2:00pm was not open to the public in line with Government advice on public gatherings. The meeting was filmed for live and subsequent broadcast via YouTube:

<https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ>

17. Minutes of the previous meeting.

The minutes of the meeting held on 9 September 2020 were taken as read, confirmed and signed.

18. Question Time.

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

19. Questions asked by members.

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

1. Question by Mrs Amanda Hack CC:

Could you explain the rules for partners/friend/family members to provide support to the pregnant mother during pre-natal appointments including, scans and other routine appointments.

Reply by the Chairman:

Partners can attend for routine scans at 12 weeks (dating) and 20 weeks (anomaly) scans. Other scans in high risk situations would be considered on a case by case basis.

University Hospitals of Leicester NHS Trust (UHL) would not routinely let partners into facilities that are too small or allow the number of people present to be too large to maintain social distancing. UHL would however, for high risk, difficult and sensitive situations consider the situation on a case by case basis.

Within a community setting, each GP practice would have their own procedure for allowing partners in for general appointment. However, most women are now having the initial contact with their GP to inform them of the pregnancy over the phone. The woman is then being signposted to register for a midwife.

2. Question by Mrs Amanda Hack CC:

Please could you provide confirmation of the rules around the partner/birthing partner during the birth process? Could this response consider hospital and home settings.

Reply by the Chairman:

The Leicester maternity service has allowed a birth partner all through the pandemic from the start of labour until the women leaves the delivery suite. This is the same in home settings. Since September the service has allowed a second birth partner once the women is in a delivery room

3. Question by Mrs Amanda Hack CC:

Are visitors allowed into the maternity hospital and is this managed differently for babies/mums who need a longer stay?

Reply by the Chairman:

UHL introduced visiting on the ward for the birth partner for 3 hours per day. It is challenging to offer this, therefore UHL have set times for this to happen, as they have to monitor visitors to the ward for signs of infection and track and trace purposes.

4. Question by Mrs Amanda Hack CC:

How is follow up aftercare being managed? Individuals have expressed that this is variable across Leicestershire. What is the practice, is this expected to be consistent

across the whole of Leicestershire? Some mothers are not being offered a 6 week check, this is has been raised for a mother who has had a difficult c-section birth even though attendance is being requested for the baby. Is this something that is Covid-19 related or has there been a shift away from 6 week checks for new mothers?

Reply by the Chairman:

Midwives now visit the woman one day after discharge, day five and a telephone call is made on day ten. This is routinely done across Leicester, Leicestershire and Rutland. However, if problems are identified or concerns raised a personal post-natal care plan is put in place. Women are generally discharged from midwifery service between 10-14 days, but the service can care for them up to 28 days, if necessary.

Six week checks are still very much part of the process for new mothers/babies however Covid-19 has created a problem with having these done face to face. At the start of the pandemic, Health Visitors were keeping lists of any women who had not received their 6 week check and began working through these as the lockdown restrictions were eased. GPs have been actively encouraged to keep track of any appointments where women/babies cannot be seen face to face and have been asked to report on any 'waiting lists' they have to make up for missed checks. So far all responses have indicated that the delays caused by the first wave have now been made up for and all women/babies have received their checks. During the pandemic, children's health services have been instructed to continue unless the pandemic reaches a dangerous level and staff need to be pulled into the acute services, so the service does not anticipate any delay in 6 week checks going forward.

Supplementary Question

Mrs Hack CC stated that she was aware of mothers that had not had the 6 week check and asked for further clarification on how many checks were outstanding and when the Health Visitors would be up to date with their checks. The Chairman offered to provide a written answer to Mrs Hack CC after the meeting.

5. Question by Mrs Amanda Hack CC:

Could you provide an update on any changes to diagnosis methods and management of post-natal depression, particularly in the light of face to face mother and baby support needing to be curtailed.

Reply by the Chairman:

Midwifery services do not treat postnatal depression, they ask questions regarding emotional wellbeing and refer to the GP or perinatal mental health services. The health visitors carry out a risk assessment when they take over care between 11 and 14 days. If women are identified or have known mental health problems prior to delivery they will have a postnatal plan in place and depending on diagnosis will be supporting by the midwife for perinatal mental health, or the perinatal mental health practitioners. Leicestershire Partnership NHS Trust has an excellent team in place to support perinatal mental health.

Supplementary Question

Mrs Hack CC explained that her question was really about secondary care rather than primary care and asked for her question to be answered in relation to secondary care. The Chairman offered to provide a written answer to Mrs Hack CC after the meeting.

20. Urgent items.

There were no urgent items for consideration.

21. 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.

No declarations were made.

22. Declarations of the Party Whip.

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

23. Presentation of Petitions.

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

24. Healthwatch Leicestershire report - Patient experience of Children and Adolescents Mental Health Services.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented the results of a Special Project regarding the patient experience of accessing and using Children and Adolescents Mental Health Services (CAMHS) in Leicester and Leicestershire. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire, David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (LPT), and Jeanette Bowlay-Williams, Clinical Psychologist, LPT.

Arising from discussions the following points were noted:

- (i) Healthwatch acknowledged that in future the style and format of their surveys needed to be adapted to suit the types of people expected to complete the survey for example children and young people. It was also acknowledged that more work needed to be carried out to ensure that more respondents were from Leicestershire rather than Leicester and that the survey better reflected the diverse nature of the population of Leicester and Leicestershire.

- (ii) LPT welcomed the report, accepted the recommendations and had already put an action plan in place to address the issues raised. LPT was confident that the waiting time issues referred to in the report had been resolved and crisis response times were much better. The triage process had been improved, urgent call-backs were taking place within 2 hours and face to face assessments were taking place within 24 hours. NHS Improvement had provided intensive support to LPT and LPT was now meeting its access targets. Since the Healthwatch report had been published the new CAMHS unit at Glenfield Hospital had opened and this could have a great impact on the patient experience of CAMHS.
- (iii) In response to concerns that 39% of the people spoke to said that their mental health worsened between their assessment and when treatment began, LPT gave reassurance that children were RAG rated and a waiting list management system had been put in place which determined the minimum level of contact required with the patient whilst they were awaiting treatment. NHS Improvement had been impressed with the management system and wanted to expand its use nationally.
- (iv) A member requested a list of the supplementary mental health services which patients could access whilst awaiting treatment and it was agreed that this information would be provided to members after the meeting.
- (v) There was an important role for schools to play in identifying children with mental health issues and providing them support but as pastoral care was no longer taking place this could have an impact on the CAMHS service.

RESOLVED:

That the contents of the Healthwatch Leicestershire report on the patient experience of accessing and using CAMHS be noted.

25. Healthwatch Leicestershire Report - Using dental services with Special Educational Needs and Disabilities.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented the results of a Special Project on the experience of patients with Special Educational Needs and Disabilities (SEND) using dental services in Leicester and Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire.

Arising from discussions the following points were noted:

- (i) There was poor awareness amongst SEND patients of the difference between general dentistry and special dentistry. There was also a lack of awareness that the NHS 111 telephone number could be used with regards to dental issues.

- (ii) NHS England who commissioned dental services in Leicester and Leicestershire had been made aware of the Healthwatch report on SEND patients and dentistry. NHS England would be producing a report for the meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 14 December 2020 regarding the impact of Covid-19 on dental services in Leicester, Leicestershire and Rutland and NHS England had also been asked to include a response in that report to the Healthwatch report on dentistry.
- (iii) A member asked for clarification on whether SEND people were required to pay for dental treatment and it was agreed that an answer would be sought from NHS England and provided to members after the meeting.

RESOLVED:

- (a) That the contents of the Healthwatch Leicestershire report on the experience of patients with SEND using dental services be noted;
- (b) That NHS England be requested to respond to the issues raised in the Healthwatch Leicestershire report when producing a report for the meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 14 December 2020.

26. Health Performance Report.

The Committee considered a joint report of the Chief Executive and NHS Midlands and Lancashire Commissioning Support Unit (NHS MLCSU) which provided an update on performance based on the available data at October 2020. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Kate Allardyce, Senior Performance Manager, NHS MLCSU, Alison Buteux, Performance Manager, NHS MLCSU, and Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City Clinical Commissioning Group.

Arising from discussions the following points were noted:

- (i) Since the report was published data had been released which indicated that the two week wait target for patients with suspected breast cancer had been met since September.
- (ii) Some cancer patients received maintenance treatment whilst they were waiting for formal cancer treatment to commence and it was questioned whether the clock for the target for referral to treatment to take place within 62 days stopped when the maintenance treatment commenced or carried on until the formal treatment began. It was agreed that members would be provided with an answer after the meeting.
- (iii) In response to concerns that some of the cancer targets were not being met and scrutiny of cancer performance might not be able to continue as effectively under

the new format of performance assurance reporting, reassurance was given that reporting on cancer performance would continue even if the metrics were changed.

- (iv) A member raised concerns regarding the accuracy of Covid-19 testing data in the Harborough area and questioned whether the prevalence of Covid-19 in the area was being underreported due to people that resided out of Harborough working at Magna Park, Lutterworth. In response it was explained that the Covid-19 cases for each particular area were based on the address where a person was registered at a GP Practice with not where the person worked. Data was now also beginning to be received of where the person stated they were residing at the time they took their test which meant that students from Leicestershire that were studying out of the County could be taken into account.
- (v) In order to achieve quality and performance improvements nine clinically led design groups within the three CCGs would all meet on a monthly basis and report into a central point so performance and financial position could be assessed. The groups would not be working in isolation.
- (vi) Net spend per head on Public Health Leicestershire was the 3rd lowest of 33 comparator areas. The reason for this was that the Public Health Grant had been based on historical spend levels by the NHS before Public Health was transferred to Local Authorities and that was reflected in the formula for the Grant.
- (vii) The death figures referred to in the report were based on the actual date of death rather than the date the death was registered because there could be a significant time lag between the two. For the death to be included in the Covid-19 statistics the patient did not have to have tested positive for Covid-19, it could just be that the clinician believed the patient had Covid-19. Therefore it was acknowledged that the figures for deaths as a result of Covid-19 could either be overestimated or underestimated.
- (viii) Although it was still intended to collect performance against the metrics, performance monitoring was intended to move to more of a population health management approach and look at the patient more holistically.

RESOLVED:

That the performance summary and issues identified be noted.

27. Development of a Healthy Weight Strategy for Leicestershire.

The Committee considered a report of the Director of Public Health which sought the views of the Committee on the new proposed healthy weight strategy for Leicestershire as part of the consultation on the draft strategy. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Members welcomed the breadth of the strategy and the different methods proposed to tackle the issue. Arising from discussions the following points were noted:

- (i) The data which indicated that the majority of adults in the United Kingdom were overweight came from Sport England's Active Lives Survey. Some members felt that the criteria for classifying a person as overweight was too easily met and cautioned that care needed to be taken with the expectations that were set for

people's weight and body shape. In response the Director of Public Health emphasised that in the past UK residents had weighed a lot less and current body shapes were not typical in comparison to trends over time. Therefore carrying out further work to reduce the average body weight of people in Leicestershire was important.

- (ii) The healthy weight strategy focused on what could be done locally to improve the weight of Leicestershire residents. The strategy had a family orientated approach rather than focusing just on individuals and aimed to improve a wide range of skills e.g. helping households to improve cookery skills and have a more balanced diet. It was important not just to look at the amount of food people were eating but also take into account the amount of calories in the foods they chose to eat. Given that some of Leicestershire's tourism industry was based around foods such as cheese and pies a balance needed to be struck when carrying out weight management work so that tourism was not significantly affected.
- (iii) Members felt that commercial retailers needed to be liaised with so that there was less advertising of unhealthy food, less in-store promotions, and that it needed to be ensured that unhealthy food was not significantly cheaper than healthy food. Members stated that central Government needed to play more of a role particularly with regards to restricting advertising of unhealthy food. The Director of Public Health stated that he believed the Government had now made weight management more of a priority, especially since it had been shown that a person's weight had an impact on the severity of Covid-19 symptoms.
- (iv) Concerns were raised by a member regarding the impact the Covid-19 pandemic had on people's weight as the measures put in place to tackle the spread had led to more sedentary lifestyles. In response the Director of Public Health pointed out that as more people were working from home they were not commuting to work and therefore potentially had more time to exercise.
- (v) A member raised concerns that obesity was not just related to the price of food but people could be addicted to certain unhealthy foods such as chocolate and therefore there were mental health issues which needed to be addressed. In response the Director of Public Health stated that weight management services were available for people and mental health support was available for patients eligible for bariatric surgery, but residents could not be forced to address their addiction problems and people needed to be willing to make the change.
- (a) Concerns were raised that the weight management services were only available for people that were significantly overweight, and those that were only just overweight could not access help and there was a danger people would put on more weight so they could qualify for help. In response the Director of Public Health provided reassurance that the Strategy had a strong focus on prevention but stated that some prioritisation had to take place and more funding was required if weight management services were to be broadened out to more people.

- (b) A member suggested that District Councils could play a role when giving planning permission for retail developments in ensuring that healthier food was provided. In response reassurance was given that Environmental Health and Trading Standards departments were being liaised with as part of the consultation.

RESOLVED:

That the healthy weight strategy for Leicestershire be supported subject to the comments now made.

28. Director of Public Health Update on Covid-19.

The Committee received an oral presentation from the Director of Public Health which gave an update on the spread of Covid-19 in Leicestershire and actions being taken to prevent further spread.

Arising from the presentation the following points were noted:

- (i) The overall rate of infection was stable across Leicestershire though there had been a decrease in infection rates amongst people aged 17-21 but an increase in the over 60s.
- (ii) There had been a spike in cases shortly after the national lockdown began which was believed to be a result of people socialising more in the last few days before the increased restrictions began.
- (iii) There were concerns that people with Covid-19 symptoms were not getting tested because they did not want to isolate for 14 days.
- (iv) In response to a question from a member regarding the proportion of people with Covid-19 that went on to have 'long Covid' the Director of Public Health agreed to check if figures were available and update the Board after the meeting.

RESOLVED:

That the contents of the presentation be noted.

29. Dates of future meetings.

RESOLVED:

That future meetings of the Committee take place on the following dates all at 2:00pm:

13 January 2021;
 18 March 2021;
 02 June 2021;
 01 September 2021;
 10 November 2021.

2.00 - 4.25 pm
11 November 2020

CHAIRMAN