



Leicester
City Council

Minutes of the Meeting of the
LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY
COMMITTEE

Held: Monday, 28 September 2026 at 10:00 am

P R E S E N T :

Hill (Vice Chair)

Cllr King
Cllr Poland
Cllr North

Councillor Sahu
Councillor Singh Patel

Councillor Singh Sangha
Cllr Stephenson

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94 Apologies for Absence

Apologies were received from Cllr Bajaj, Cllr Halford, Cllr March, Cllr McDonald, Cllr Clarke, Dr Nil Sanganeer and Rob Howard.

In the Chair's absence, the Vice Chair Cllr Dr Hill was appointed as Chair of the meeting.

95 Declarations of Interest

The Chair asked members to declare any interests in proceedings for which there were none.

96 Chairs Announcements

There were no announcements made.

97 Minutes of the Previous Meeting

The Chair highlighted that the minutes from the meeting held on 30th April 2026 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 30th April 2026 were a correct record.

98 Membership 2026-2027

The Membership of the Committee was agreed.

99 Terms of Reference

RESOLVED:

That the Terms of Reference and working arrangements for the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

100 Dates of meetings

The dates of the meetings for the Committee were confirmed as follows:

Monday 28th September 2026, at 10am
Thursday 26th November 2026, at 10am
Monday 22nd February 2027, at 10am.

101 Petitions

The Monitoring Officer reported that no petitions had been received.

102 Questions, Representations and Statements of Case

The Monitoring Officer reported the following questions were received by Cllr Ramsay Ross. In his absence the response was sent to him via email.

Cllr Ramsay Ross asked:

Palantir Systems – the Cost-Benefit of their adoption to UHL

Background Information to Questions:

1) Extracted from an investigation by the Financial Times published on 8th July 2026.

The key points that the FT report makes are:

- i) we do not know the true annual operational cost of the Palantir system vs the initial cost of the system
- ii) we do know that Palantir is being given access to individual patient data, although Palantir insists that the use of this data is controlled by the NHS
- iii) One third of hospitals have delivered fewer operations since introducing the system and major operational gains are limited to a few major hospitals
- iv) The NHS publishes its data available at: NHS organisations live with NHS

Federated Data Platform

Supplemental information:

- UHL Leicester uses Palantir as does Northants General Hosp Trust (the two trusts now have the same Chair). Cambridge Univ. Hospitals Trust and Cambridge Community Trust also use the system. These trusts all report benefits.
- Whilst Lincolnshire Partnership NHS Foundation Trust uses the system, it has reported no benefits.
- Recently (July) the NHS has conceded that the cause-and-effect benefits of the FDP cannot be separated out, given the number of other variables and therefore the benefits cannot be estimated with a high degree of accuracy.

2) The Health Foundation has established that the Palantir Optica tracking tool, used to reduce delayed hospital discharges has found "no noticeable improvement in discharge performance among trusts using Optica.....The gradual upward trend in performance observed in these trusts before they adopted the Optica toll continued at broadly the same rate after it was implemented".

Questions to the ICB:

i)

What are those specific and quantifiable Cost-Benefits that have been delivered to date from:

- a. The FDP
- b. The Optica tracking tool (if currently used)

ii) What is the annual operation cost of each of these systems (split between the monies paid to Palantir and those of UHL) and what is the applicable contractual date upon which the Palantir contracts can be terminated?

The Integrated Care Board (ICB) responded:

The contract with Palantir is held nationally and the decisions about the contract is a matter for NHS England and Government, rather than one which can be taken by the ICB locally.

Our responsibility locally is to ensure that any use of patient information by the ICB complies with relevant data protection legislation, information governance requirements and our responsibilities to patients and the public. We take those responsibilities seriously.

We are receiving several representations on this issue and are recording the concerns and themes being raised by local residents. These will be shared through the appropriate routes so that the strength and nature of local feedback can inform the wider national discussion.

103 Primary Care Access in Leicester, Leicestershire and Rutland GP Access Update and Primary Care Access Recovery Plan - 2026/27

The Integrated Care Board (ICB) submitted a report in response to the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee's request for results, data, and progress from GP Patient Surveys, alongside a wider update on GP access performance and the actions being taken to improve access and patient experience across Leicester, Leicestershire, and Rutland. A brief overview of the report was provided with the following noted:

- Performance had remained strong during 2025/26, with practices delivering 8 million appointments. Increased capacity was meeting demand, with strong performance against key measures, particularly in urgent care.
- Access pathways had increased including same-day and weekend appointments, although it was recognised that there was room for improvement.
- A key challenge was ensuring patients could access services locally.
- In terms of digital access, more patients were now using the NHS app, and online consultations continued to grow. It was recognised that there remained a need for telephone and face to face access.
- The Pharmacy First offer had helped to improve access while maintaining the availability of GP appointments.
- Regarding the workforce, the Additional Roles Scheme had supported successful recruitment and increased GP capacity, contributing to a more resilient primary care workforce.
- Patient feedback reflected confidence in confidentiality; however, difficulties contacting GP practices remained. The framework and Primary Care Access Recovery Plan were expected to help address this. The focus was on improving consistency.

In discussion with Committee Members and Officers, the following was noted:

- Members noted that the report did not address the original request regarding how many practices did not allow patients to attend in person without prior contact.
- It was explained that the report provided an overview of activity levels and services, and that any specific areas where Members identified issues with access could be investigated further.
- Practices had been advised of the contractual requirement to enable patients to make contact by telephone or in person and had confirmed that these options were available. Any complaints were followed up, and while triage arrangements were in place, it was recognised that variation between practices remained and continued to be addressed.
- In response to a Member's request for an ICB audit, it was explained that a contractual review process was in place which covered these issues. Eleven practices were currently being supported to address areas of non-compliance, which could include matters such as incorrect opening hours being advertised.
- Healthwatch advised that access remained a key concern, with a range of routes available but variation in walk-in access between practices. There was a need to understand which practices offered walk-in access. Language barriers to online access were also highlighted, and Healthwatch was undertaking work on digital access which could be brought back to the Commission. Further intelligence sharing and joint working with the ICB was welcomed.
- Members requested greater geographical understanding of where access issues were occurring, with some Members suggesting that penalties should be considered for non-compliant practices.

- In response to questions regarding new housing developments, it was confirmed that healthcare requirements were considered and matched where possible through responses to planning applications.
- Practices had been asked to self-declare their patient access arrangements. Improving digital access was intended to free up telephone and face-to-face capacity for those who needed it.
- Members suggested reviewing the order of the automated telephone message so that access options were presented earlier, reducing the time patients had to wait to hear the relevant access information.
- Members noted that some patients could be reluctant to complain about their GP or raise concerns about the care they received. Mystery shopping would take place during the third and fourth quarter.
- It was confirmed that practice-level data was received monthly and monitored through the GP Access Dashboard, with urgent on-the-day access being a key metric. Practices with lower performance were contacted to understand their improvement plans and any support required. An Access Recovery Plan was in place, with performance monitored nationally, and data was also available at Primary Care Network (PCN) level. Since the publication of the report, the number of practices being worked with had increased to 11.
- It was explained that the reasons for lower performance varied and could include deprivation, changes in demand and staffing issues. There was often no single cause, with a combination of factors contributing to performance. A range of data and formal monitoring mechanisms were in place, and the data could be broken down into key themes. It was noted that the data was continually changing.
- Members noted that recipients may face issues when answering patient surveys due to digital access and language barriers.
- Members raised concerns regarding governance and the challenges around data collection. Members requested a further report on governance and assurance to better understand these challenges before considering recommendations. The request was seconded by the Chair.
- The ICB welcomed the opportunity to work collaboratively with Members and Healthwatch, and it was suggested that a small working group could help to co-produce the work. This could include consideration of the format of information provided measurable outcomes for the work programme and mechanisms for people to provide feedback safely.

AGREED:

- That the Committee note the report.
- Healthwatch's work on digital access to be brought back to the Commission.
- Further information on walk-in access to be provided, including which practices offered this and greater geographical detail on where access issues were occurring.
- A small working group involving Members, the ICB and Healthwatch to be established to consider governance and assurance, including data collection and information available at PCN level, with a further report to be brought back to the Commission.

Councillor Singh sangha left during the consideration of this item.

104 Impact of the proposed closure of local Healthwatch services across Leicester, Leicestershire and Rutland

The Committee received a report from the Chair of Healthwatch Leicester and Leicestershire and the Chair of Healthwatch Rutland regarding the potential impact of Government proposals to abolish local Healthwatch services.

The Chair noted that representatives from partner organisations had been unable to attend the meeting and invited the Chair of Healthwatch Leicester and Leicestershire to present the report.

The following was noted:

- Government proposals could result in the abolition of local Healthwatch services and the introduction of alternative arrangements for gathering patient and public feedback on health and social care services.
- Healthwatch currently provide an independent statutory voice for patients, carers and service users across health and social care.
- The work of Healthwatch included community engagement, observation visits, escalating concerns, helping people navigate health and care systems and ensuring that patient experiences informed service improvement.
- Concerns were raised that there remained insufficient clarity regarding the arrangements that would replace Healthwatch and how an independent patient voice would be maintained under any new model.
- Healthwatch representatives highlighted the potential risks associated with the loss of an independent organisation through which residents could raise concerns about health and care services.
- Particular concern was expressed regarding the impact on individuals who were less likely to engage directly with statutory organisations, including those who were digitally excluded or from seldom heard communities.
- Healthwatch had undertaken a wide range of engagement activity across Leicester, Leicestershire and Rutland, including work relating to women's health, temporary accommodation, dementia services, suicide prevention, male mental health and support for self funding care users.
- Examples were provided where Healthwatch engagement and visits had contributed to improvements in local services, including services within University Hospitals of Leicester NHS Trust.
- Current funding arrangements for Healthwatch services had been confirmed until March 2027.
- The report requested that the Committee consider the potential implications of the proposed closure of local Healthwatch services and seek assurances that effective and independent arrangements for patient and public involvement would be maintained.

In discussion with Committee Members and Officers, the following was noted:

- Members expressed concerns regarding the potential loss of an independent voice for patients, carers and service users and questioned the rationale behind the Government's proposals.
- It was explained that concerns had previously been raised with Government regarding the proposals and the importance of retaining an independent

- mechanism through which patient and public experiences could be gathered and escalated.
- Members recognised the significance of an independent organisation that could raise concerns on behalf of residents without those concerns being managed directly by service providers.
 - Concerns were expressed that transferring responsibility for public and patient engagement to statutory organisations could create a perception that organisations were assessing their own performance, reducing public confidence in the independence of the process.
 - Members noted the breadth of work undertaken by Healthwatch and the value of intelligence gathered from local communities, which may not otherwise be reported directly to NHS organisations or local authorities.
 - It was highlighted that many residents may be reluctant to raise complaints directly with health providers and valued the impartial support provided by Healthwatch when navigating complaints and concerns.
 - Members emphasised the importance of retaining routes for engagement with elderly residents, vulnerable groups and those who may face barriers to using digital services.
 - The Committee heard that, whilst discussions regarding the future arrangements were ongoing, Healthwatch services were currently expected to cease operating from March 2027.
 - Members acknowledged the contribution made by Healthwatch in supporting co-production, informing service improvement and ensuring that services reflected the needs of local communities.
 - It was suggested that there was a need to demonstrate both the social value and financial value of Healthwatch services, including the contribution made to service improvement and prevention.
 - Members expressed concern that the closure of Healthwatch could result in an increase in complaints being directed to elected representatives and Members of Parliament.
 - Support was expressed for the principle of retaining an independent organisation to represent the views of patients and service users across Leicester, Leicestershire and Rutland.

AGREED:

1. That the report be noted.
2. That the Committee express its concern regarding the proposed abolition of local Healthwatch services and the potential loss of an independent voice for patients and carers.
3. That the Chair write to Members of Parliament across Leicester, Leicestershire and Rutland, and to the Secretary of State for Health and Social Care, setting out the Committee's concerns regarding the proposals and highlighting the value of local Healthwatch services.
4. That any future developments relating to the proposed closure of local Healthwatch services be reported to the Committee as appropriate.

105 Leadership and governance arrangements for University Hospitals of Leicester NHS Trust and University Hospitals of Northamptonshire (information only)

The report was noted.

106 Members Questions on Matters not Covered Elsewhere on the Agenda

No questions were raised.

107 Work Programme

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with them and the senior governance officer.

108 Any Other Urgent Business

With there being no further business, the meeting closed at 11.55am.