Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 13 JULY 2021**

TIME: **5:30 pm**

PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

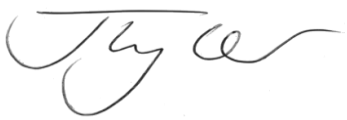
Councillors Aldred, March, Pantling, Dr Sangster and Whittle

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester



For Monitoring Officer

Officer contacts:

Jason Tyler (Democratic Support Officer):
Tel: 0116 454 6359 - email: Jason.Tyler@leicester.gov.uk

Sazeda Yasmin (Scrutiny Policy Officer):
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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You have the right to attend formal meetings such as full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes.
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- wear face coverings throughout the meeting unless speaking or exempt;
- make use of the hand sanitiser available;
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- comply with Test and Trace requirements by scanning the QR code at the entrance to the building and/or giving their name and contact details at reception prior to the meeting;
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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Jason Tyler (Democratic Support) Tel: (0116) 454 63579 or email **jason.tyler@leicester.gov.uk**
or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	**Meaning**
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING **Appendix A (Pages 1 - 8)**

The Minutes of the meeting held on 15 April 2021 are attached and the Commission will be asked to confirm them as a correct record.

4. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

To receive any updates on the matters that were considered at the previous meeting of the Commission.

5. CHAIR'S ANNOUNCEMENTS

6. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

Appendix B (Pages 9 - 10)

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

The following question has been received from Councillor Riyait (Abbey Ward):

"Can the Health and Wellbeing Scrutiny Commission please consider the issues raised in a petition submitted to the Leicester, Leicestershire and Rutland CCGs concerning the ongoing situation regarding the Manor Park Medical Practice (Parker Drive) and make any comments accordingly"

The text of the petition submitted to the CCGs is attached for information.

8. MEMBERSHIP OF THE COMMISSION 2021/22

To note the membership of the Commission for the 2021/22 Municipal Year as follows:

Councillor Kitterick (Chair)
Councillor Fonseca (Vice Chair)
Councillor Aldred
Councillor March
Councillor Pantling
Councillor Dr Sangster
Councillor Whittle

1 Non-Group Place Vacancy

9. DATES OF MEETINGS 2021/22

To note the meeting dates of the Commission for the 2021/22 Municipal Year as follows:

13 July 2021
1 September 2021
2 November 2021
14 December 2021
25 January 2022
22 March 2022

10. COVID 19 & VACCINATION PROGRESS UPDATE

The Director of Public Health will provide a verbal update to include analysis of qualitative work undertaken with UHL and to re-categorise the over 70/under 70 split when describing vaccination take-up.

There will also be a verbal introduction to the work that has taken place over the period of the pandemic between clinicians / researchers from Leicester into the effects of COVID-19 on patients and staff from the onset of illness and hospitalisation through to our emerging understanding of post hospital COVID recovery and the longer term effects on individuals.

11. CONSULTATION RESPONSE TO UHL RECONFIGURATION

Appendix C (Pages 11 - 44)

The Commission will receive an update on the consultation response to the UHL reconfiguration plans.

The update will include a summary of the deliberation of the item at the LLR Joint Health Scrutiny meeting held on 6 July 2021.

A presentation will be given, and the slides are attached for information.

12. STRATEGY ON THE EFFECTS OF LONG COVID

Appendix D (Pages 45 - 56)

The Director of Public Health, the Director of Adult Social Care and Safeguarding, and Health partners will provide details of the work undertaken in providing a strategy for dealing with Long Covid.

A paper prepared by Dr Rachael Evans (Consultant Respiratory Physician UHL NHS Trust and Associate Professor UoL) is attached.

There will be a presentation relating to Adult Social Care and the slides are also attached.

13. WORK PROGRAMME

Appendix E (Pages 57 - 60)

The Commission's Work Programme is attached for information and comment.

14. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 15 APRIL 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Aldred
Councillor Chamund
Councillor March

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

* * * * * * * *

45. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dr Sangster and Westley.

46. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

47. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 3 March 2021 be confirmed as a correct record.

48. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT THE PREVIOUS MEETING

The Commission received an update on the following item:

Covid-19 Hospital Readmissions and Long Covid

The Chair reminded members of the discussion concerning the readmission rates at Leicester's hospitals at the previous meeting. It was noted that this had led to a wider question regarding the strategy to deal with long Covid as reports had been received where patients who may have initially recovered from Covid continued to have significant health issues.

It was suggested that a verbal update be provided, and that a full paper on the issues be prepared in due course, once emerging issues were better known and assessed.

Mark Wightman (Director of Strategy and Communications, UHL Trust) provided information on the readmission rates for Covid patients confirming that they were higher than those of non-Covid patients. To provide greater context, it was noted that just over 6% were Covid patients, compared to 4% of non-Covid patients being readmitted. It was accepted that there was a very wide variation currently within the available data and further assessment was required.

In terms of long Covid, it was confirmed that the full paper would also include be prepared and submitted in due course. Reassurance was provided in the interim that the role of the Leicester hospitals had been significant in research, being the highest recruiter in the country in regard to Covid studies.

The information arising from the studies had provided useful information on deprivation and ethnicity, gender, and age. It was noted that increased and enhanced information was being collated in terms of the effects of long Covid.

Members were directed to two links which had been posted to provide further information on readmission rates and the effects of long Covid, as copied below. The recent national media attention was also noted.

https://www.phosp.org
https://www.yourcovidrecovery.nhs.uk

The update was noted, and the Commission indicated that the full paper would be welcomed, once a sufficient quantity of data and information was collated and assessed, to show any emerging trends.

49. CHAIR'S ANNOUNCEMENTS

There were no specific announcements from the Chair, as any updates or issues were covered in subsequent agenda items.

50. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

51. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

52. COVID 19 UPDATE AND FLU & COVID VACCINATIONS PROGRESS UPDATE

The Chair advised that he intended to take the 'Covid 19 Update' and the 'Flu & Covid Vaccinations Progress Update' concurrently, which were listed on the agenda as separate items, due their close relationship and in view of the formatting of presentations and written materials.

The Director of Public Health gave a PowerPoint presentation, commenting that this was the preferred method of reporting given the need to present the most up to date information.

The presentation provided information on testing data, hospital admissions, mortality, and vaccinations.

In terms of positive tests, it was noted that 36,153 cases had been recorded over the over entire period of the pandemic to 9 April 2021. The weekly data from November 2020 was submitted and the peak of positive cases during January 2021 was noted.

The rate per 100,000 as a comparison to other areas was also submitted and it was confirmed that this was higher than the national average. Data concerning age groups indicated the highest rates in the working age group. In regard to the 60+ age group the information concerning cases in care homes and multi-generational households was also noted.

In respect of hospital admissions, it was noted that a dramatic decrease had been experience with numbers at their lowest since September 2020. Mortality rates were high and a comparison to the pre-pandemic data was noted with an excess of 198 deaths being recorded compared to the normal expected rate.

The data concerning the uptake of vaccinations was submitted, with the percentage uptake of under 50s and 50+ age groups. It was reported that numbers were similar to comparators, but lower than the national average. Information and data concerning low take up areas, and issues concerning ethnicity were explained.

It was reported and accepted that the ongoing situation was constantly changing, and further data would require assessment. Members were encouraged to explore the data on the Council and Government websites which showed the most recent position.

Rachna Vyas (Leicester City CCG) was invited to comment on the vaccination programme and low take up in certain neighbourhoods. The work with practices and networks to engage with communities was clarified and the strength of the partnership approach was recognised. The approach to include Webinar sessions was particularly welcomed and the availability of the vaccine in all areas was noted. The issues concerning the suitability of venues and the initiative to provide separate and more suitable pop-up temporary test centres were reported, following significant engagement with the communities in those areas.

In response to a question it was confirmed that future reports would include the results and the management of the programme, including data on take up on age groups and areas of concern. The enhanced consultation with GP practices concerning the reluctancy of taking up vaccines was also reported and recognised.

The Director of Public Health commented on ongoing discussions with Government in relation to extend the usual cohorts of the roll-out of vaccinations, having regard to the unique demographic of the city, particularly with multi-generational households and large workplaces with high numbers of manual staff. An update on the availability and uptake of lateral flow tests would be submitted in due course.

The Chair then asked for the update on flu vaccinations to be submitted.

Wendy Hope (Leicester, Leicestershire and Rutland CCGs) submitted a report, which provided information on the uptake of the Leicester, Leicestershire and Rutland flu vaccination programme 2020/21, alongside a presentation showing the key points for discussion.

It was confirmed that the data set indicated that the city had met the ambition target of 75% although there was variation within cohorts. A range across areas and practices, similar to the results concerning the Covid vaccination roll-out was noted.

The overall success of the programme had been helped by enhanced engagement and communications, which had been more coordinated and focused than in previous years. It was considered that this was due to particular liaison with volunteering community organisations, collaboration with Community faith groups and with social care colleagues.

In response to questions, it was reported that for the cohorts that had the lowest uptake figures, further data analysis to try and understand what the issues were would be undertaken and reported back in due course.

It was confirmed that Focus Groups to assist that further analysis could be convened and that the lack of uptake in some cohorts was recognised nationally and was not unique to Leicester.

The Chair thanked all contributors for their reports and updates.

AGREED:

That the updates on Covid 19, Covid 19 vaccination programme and the flu vaccination programme be noted, and further reports be submitted in due course when further data is collated and analysed.

53. HEALTH INEQUALITIES UPDATE - ACTION PLAN

The Director of Public Health introduced the item. He commented on the liaison and engagement with all professionals across the care system and referred to the Commission's previous ambition to ensure that all partners were involved in the debate concerning inequalities in the system.

Mark Pierce (Leicester, Leicestershire and Rutland (LLR)) submitted the Health Inequalities Framework and welcomed the opportunity to present and share the work to date. It was reported that the Framework was intended to improve healthy life expectancy across LLR, by reducing health inequalities across the system.

It was noted that the Framework was a collaborative effort involving Public Health and was driven by the health and Wellbeing Board. The document was seen as high-level manifesto and the next steps were being considered, including further analysis of the findings and confirming the method of its implementation across the care system. The recent appointment of a dedicated GP for health equalities was reported and welcomed.

In noting the key points, reference was made to the previous items involving access to services. It was recognised that resources were required to generate an equitable outcome and only referring to the availability and offer of universal services was not enough for equity for every member of the population. The issues relating to confidence complacency and convenience were raised and the points concerning the lack of take-up of vaccines were reiterated.

Steve McCue (Leicester, Leicestershire and Rutland (LLR)) also commented on the ambition of the Framework and referred to the multi-partner approach to its development. It was confirmed that the design of the high-level document as a system approach was intentional, and it was clarified that although promoted as a high-level document, the strategic outcomes would come from local level delivery. The resultant importance of the 'place' strategy was highlighted.

The Chair thanked contributors for the reports and invited comments and questions.

In response to comments concerning the national position and advice on equalities in the cares system, it was noted that although not unique, the city's Framework could be promoted as an innovative document, which would help immensely in the ambition to 'close the gap'. The input to the Framework from the significant number and wide range of partners was reiterated and recognised.

In terms of the timeframe the motives and concept of the 1,000 days implementation was explained, with reference to the first 1,000 days of a child's life being used. The need to ensure that outcomes could be monitored were highlighted and it was noted that a meeting between the LLR and Public Health colleagues had been convened to discuss ideas and principles to build on and merge with the current health and wellbeing strategy. In response to a comment regarding reduced funding to health services, it was recognised that funding was key to the long-term success of the Framework and it was noted with concern that although funding was allocated centrally, this had not taken account of Leicester's individual circumstances.

Members were encouraged to support and promote the involvement of community groups and the formal role of the Voluntary and Community Sector was explained and noted. The increase in the numbers of various forms of community groups since the Covid pandemic was noted and the need to continue to utilise their efforts in implementing ongoing initiatives was encouraged.

Andy Williams (Leicester City CCG) was invited to comment and referred to the ambition of the Framework, mentioning the sense of optimism of what could be achieved. He highlighted the unique position nationally, with only a few other areas using equalities fundamentally in addressing equity in the distribution of primary resources, with Leicester being ahead of those other comparators. The success and importance of the multi-partner approach to designing the strategy was also reiterated.

AGREED:

That the development of the Framework and strategy be welcomed, and a further update be submitted in due course concerning its implementation, statement of intent and action plan.

54. OBESITY AND UNHEALTHY WEIGHT IN LEICESTER

The Director of Public Health submitted a report, which provided an update on obesity and unhealthy weight in Leicester City, including childhood obesity.

It was reported that obesity was defined as an excess accumulation of body fat that presents a risk of health and it was confirmed that the recommended measure of overweight and obesity was body mass index (BMI). The National Institute for Health and Clinical Excellence had recommended the classifications for defining weight in adults, which were also submitted within the report and noted.

It was noted that the national picture was depressing, with levels of obesity becoming a significant public health issue.

In terms of the key points in the report the links to diabetes, school closures through Covid and childrens associated lack of play or exercise, planning decisions relating to the built environment and socio-economic factors were all explained. The need to ensure that access to weight management advice and support as a free service was emphasised.

It was reported and accepted that there were no simple solutions to the problem and previous incentives, including Government schemes and initiatives were referred to. The ongoing messages regarding weight management, healthy eating and issues concerning improved food labelling and restrictions on advertising were also noted.

The existence of leisure centres, parks and outdoor gyms were considered to be important and efforts to increase their use were explained, with details of the 'Leicester United' initiative involving the City's professional sports clubs being explained, including the enhanced links between sports clubs and schools. Other in-house programmes to encourage healthy lifestyles in schools were referred to and it was reported that primary school engagement was much higher than secondary schools, due to the primary schools having fewer practical and logistical issues in implementing schemes.

In response to comments, it was recognised that the liaison and practical implementation of projects and programmes towards school aged children was important, with examples being cited of poor communication methods and upset caused to children and families. Reassurance was provided that the issue was known within the service and service providers were always mindful of the situation to avoid emotional upset or stigmatisation. The wider associations between obesity and mental health issues were also discussed and noted.

In conclusion the Chair referred to the potential links to the Food Plan, which had been recently published, and suggested that improved links with that strategy and its dietary advice would be beneficial. It was suggested that that the issues of obesity around poor diet should be heightened, with positive activities being supported to encourage proper nutrition, alongside the current emphasis on exercise. This point was accepted and acknowledged.

AGREED:

1) That the report be noted and a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.

2) That the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.

55. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

56. ANY OTHER URGENT BUSINESS

Kalvaran (Kal) Sandhu – Scrutiny Manager

The Chair advised that Kal Sandhu had recently accepted an alternative role within the Council to become the new Equalities Manager. He informed members that Kal had supported the Commission and the Council's wider Health and Wellbeing portfolio for the past 9 years.

Members joined the Chair in thanking Kal for his considerable efforts and work and wished him well in his future role.

In response Kal thanked members for their support to him during his time in scrutiny.

57. CLOSE OF MEETING

The meeting closed at 8.00 pm.

Appendix B

PARKER DRIVE PRACTICE & PATIENTS

We are submitting a petition, please see following sheets, from some of the patients who would normally be seen at the Parker Drive Medical Centre. We could easily get more to sign.

We are very displeased and angry about the ongoing situation regarding this remaining closed for such a long time – over a year. Yes, we understood that measures were taken due to the COVID crisis and the fact that face to face patient appointments could not be given. So, having to deal with us in a different way. However, while you have had to deal with us in this way, we also have had to deal with this limited service.

We understood that service could only deal with patients by phone. We have had information that the Practice was going to re-open in June, then July and now we are hearing that this will not happen until September.

THIS IS UNACCEPTABLE

Patients, when they were asked to go for blood tests or other matters, have had to travel, often, all the way to the Melton Road Practice in Thurmaston. Those who do not have cars or cannot drive have had to take at least 2 buses to get there – which could take over an hour or more travel time or pay expensive taxi charges.

WHEN ARE YOU PLANNING TO OPEN THE PARKER DRIVE CLINIC?

Some of us are elderly and with health problems and this situation is NOT helping. It is STRESSFUL & FRUSTRATING. Thousands of us are affected and we haven't any contact or update on the situation. Not even a simple notice posted on the door at Parker Drive Centre to keep us updated.

In trying to even get through to you on the phone is time consuming and frustrating. Often having to wait for over an hour or more – e.g., waiting, waiting, from number 33 get to number 2 then being cut off! You need to improve your quality of service and the way we are treated. This has happened to many of us.

Dentists are seeing their patients face to face, so WHY then can doctors cannot at least see patients?

Dentists have to be VERY close to their patients, you do not have to unless absolutely necessary.

We appreciate the hard work you do but this situation is not good for the thousands who rely on your Parker Drive clinic. We want an improvement in the way we are treated.

Please get it open now.

We intend to send copies of this petition to our MP, the council, the local health authority, Patients

Association and The Care Quality Commission.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

Building Better Hospitals

Appendix C

11

Leicester, Leicestershire and Rutland

Joint Overview and Scrutiny Committee

Overview of the Leicester, Leicestershire and Rutland CCGs Decision Making Business Case

8th July 2021

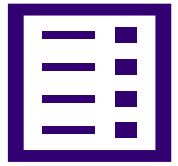
Building Better Hospitals
For the future

Summary proposals set out in the UHL Acute Reconfiguration PCBC

- Build a new maternity hospital with a doctor-led inpatient maternity service. A shared care unit with midwives and doctors and a midwifery centre provided alongside the obstetric (pregnancy) unit
- Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit
- Build new premises to house a major new treatment centre for planned care, inpatient wards and theatres
- Expand the intensive care units at LRI and Glenfield
- Expand car parking facilities, for example, additional levels on the multi-storey car park and create dedicated welcome centre
- Repurpose the General Hospital to create a smaller campus that focuses on community health with some beds and more GP-led services
- Retain the diabetes centre of excellence and stroke recovery service with inpatient beds
- Potentially relocate a midwifery led unit from Melton Mowbray to Leicester General Hospital

Consultation reach

1.8*** million reached by people in Leicester, Leicestershire and Rutland through the consultation



971,657

Digital media (all online including websites, social media, email marketing, AdsMart)

853,048

Print and broadcast media (newspapers, magazines, newsletters, radio etc.)

4,960

Event promotion

1,049

Stakeholders (MPs, councillors, VSO etc.)

25,000

Staff

N.B. ***In some instances e.g. newspapers advertising, information will be read by other people in a household, therefore 1.8 million represents minimum exposure based on our ability to evidence it

Response figures

5,675

Total response to the consultation

4,682

Survey responses

70

Correspondence (email and letter)

923

Event participants across 113 events

Equality Impact Assessment

The CCGs had an independent Equality Impact Assessment undertaken on the proposals at Pre-Consultation Business Case stage and this was updated following the formal consultation. The summary of findings were:

- LLR CCG and UHL have both demonstrated significant respect and understanding in their discharge of their Equality Duty and the wider duties to reduce inequalities conferred on the CCG under the NHS Act 2006.
- The efforts since 2018 to engage with representatives of those from protected groups is significant and has generated immensely useful feedback that is already being actively used to inform continued engagement and future decision making.
- The responses are largely proportionate to the broad geographic and demographic diversity of the LLR population, indicating that a comprehensive range of views have been garnered.
- The engagement with diverse communities during the consultation has given the CCGs and UHL a great foundation on which to continue engagement work during the implementation phase and our wider work.
- Through the introduction of the systems Inclusivity Decision Making Framework, there is a commitment to embed such approaches routinely in practice.
- The value of material arising from the views of the local and diverse population of Leicester, Leicestershire and Rutland is potentially rich, and to be capitalised upon.

The Equality Impact Assessment also states the following in relation the CCGs meeting the NHS Act 2006 Section 14T and subsequently the Equality Act 2010:

"responders who chose to disclose their association with one or more of protected group were indeed proportionately representing the wider population of LLR; i.e. the public consultation captured the views from suitable representative groups of the general LLR population."

Process for considering feedback from consultation

- The consultation findings were collated by an independent organisation who produced a report setting out the findings – this is known as the Report of Findings
- The Report of Findings has been used to consider whether the proposals set out in the Pre-Consultation Business Case should form the final proposals in the Decision Making Business Case (DMBC)
- Where the consultation responses have impacted on clinical proposals UHL have undertaken a review of their original proposal against the consultation responses to decide the final proposals within the DMBC
- The following set of slides go through the rationale for the decisions that were taken by Leicester City Clinical Commissioning Group; West Leicestershire Clinical Commissioning Group; and East Leicestershire and Rutland Clinical Commissioning Group on the proposals set out in the University Hospitals of Leicester Acute Reconfiguration Decision Making Business Case which was considered and approved at their Governing Body meetings of 8th June 2021

Moving acute services on to two of the current three hospital sites with acute services being provided at Leicester Royal Infirmary and Glenfield Hospital

Consultation outcomes

58% of respondents agreed with proposal

14% neither agreed or disagreed with proposal

28% disagreed with proposal

We also heard from staff that some services were best retained on one place

We also heard during consultation that people wanted to understand the impact of COVID on our plans and whether we would be future proofing services by releasing some of the Leicester General Hospital site

Main reasons for support is that:

- The proposals made sense
- It would increase efficiency and that it would improve access

Main reasons for disagreeing:

- The proposal would reduce accessibility for rural communities in the east and south of LLR
- LRI is not a suitable site and the lack of parking at the LRI

What we will be doing to address the concerns:

- A Travel Action Plan has been developed to support the reconfiguration which includes:
  - Improvements to the bus and hopper routes to the hospitals
  - Work with the local authorities to increase park and ride facilities including trailing the General Hospital as a site
  - Increase public parking spaces at the LRI and Glenfield hospitals by circa 300 per site
  - Improve sustainable travel options

Speciality changes in location

PCBC Proposal	DMBC Decision	Rationale
Brain Injury and Neurological Rehabilitation Units to be moved from General to Leicester Royal Infirmary	Brain Injury and Neurological Rehabilitation Units to be moved from General to Glenfield Hospital	Glenfield will provide better opportunities to provide appropriate clinical space and rehabilitation facilities including green spaces
Ear Nose and Throat: Adults Outpatient/Daycase – Glenfield; Inpatient/Emergencies - LRI	**Ear Nose and Throat**: All services to remain at LRI	**ENT**: to maintain adult; paediatric and emergency services in the same place
Ophthalmology: Outpatient/Daycase – Glenfield; Inpatient/Emergencies - LRI	**Ophthalmology**: All services to remain at LRI	**Ophthalmology:** to ensure on call to ED and the Childrens Hospital can be delivered effectively
Plastics: Outpatients/Daycase – Glenfield; Inpatient/Emergencies - LRI	**Plastics**: All services to remain at LRI	**Plastics**: provide a better service by keeping service together
Endocrinology: Outpatients/Daycase – Glenfield; Inpatient/Emergencies - LRI	**Endocrinology:** All services to remain at LRI	**Endocrinology**: to enable inpatient services at LRI to be supported

Impact of COVID on our proposals

A review was undertaken by clinicians within UHL to determine whether the proposals set out in the Pre-Consultation Business Case were still sound in the light of learning from COVID. They found that if the changes had been in place before the pandemic it would have enabled LLR to manage better for the following reasons:

ICU: the proposals will see the doubling of ICU capacity at UHL to over 100 beds. If these beds had been in place at the height of the pandemic there would have been sufficient capacity to manage acutely ill COVID patients and to undertake more urgent and complex surgery – thus reducing the number of cancelled operations that had to be made.

Children's Heart Surgery: the proposed dedicated Children's Hospital would have meant the urgent heart surgery could have continued locally rather than having to send children out of area. Paediatric ICU had to be converted into adult ITU at the height of the pandemic.

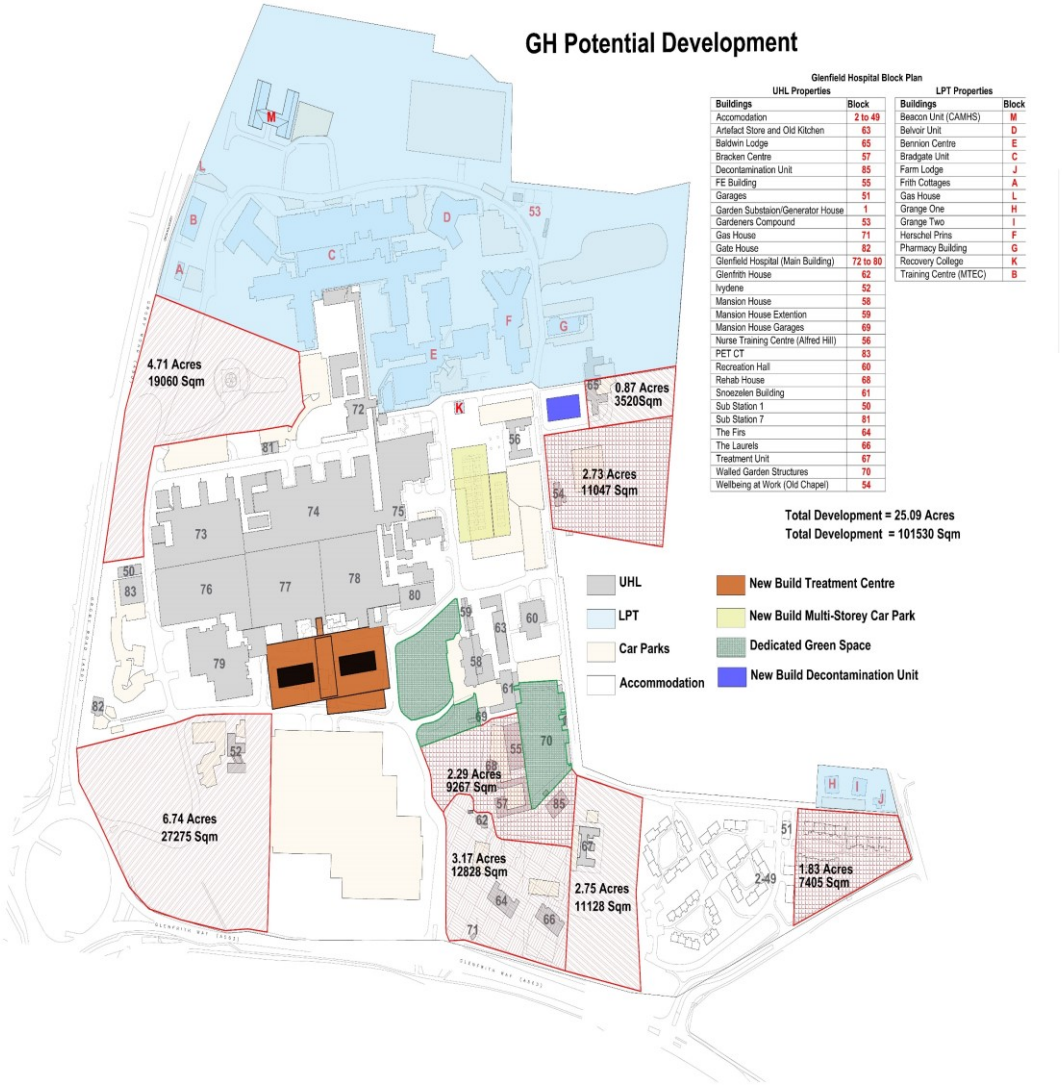
Cancer and Elective Operations: by creating a dedicated Treatment Centre and increasing ICU capacity this would have enabled more surgery to have continued during the pandemic and as a result there would have been less cancellations and a smaller backlog of cases.

Developable land post reconfiguration

One of the questions that was raised during consultation was whether by moving services from the General Hospital site and selling the land for housing would this reduce the local NHS ability to increase services in the future should the need arise.

An analysis of the available land at the Leicester Royal Infirmary and the Glenfield Hospital shows that after the full reconfiguration work has been completed there would 25 acres of developable space available at the Glenfield Hospital, the majority of which is already vacant land.

This shows that there would be considerable scope for further development should this be needed in the future.



New treatment centre – moving outpatient services from Leicester Royal Infirmary and Leicester General Hospital to a new purpose build treatment centre at Glenfield Hospital

Consultation outcomes

60% of respondents agreed with proposal

25% disagreed with proposal

In addition the clinical case set out in the Pre-Consultation Business Case and the clinical review of the proposals post COVID sets out the advantages of separating elective and emergency care

Main reasons for support is that:

- Glenfield Hospital is a more suitable location than the LRI (24%)
- There was general agreement with the proposal
- The proposal will improve access to outpatient services – i.e. all services in one place.

Main reasons for disagreeing:

- The reduction in accessibility for patients in rural communities and east and south of the city
- Glenfield is not suitable location for outpatient services (8%)
- LRI is more suitable location due to public transport links

What we will be doing to address the concerns:

- A Travel Action Plan has been developed to support the reconfiguration which includes:
  - Improvements to the bus and hopper routes to the hospitals
  - Work with the local authorities to increase park and ride facilities including trailing the General Hospital as a site
  - Increase public parking spaces at the LRI and Glenfield hospitals by circa 300 per site
  - Improve sustainable travel option

Use of new technologies – offering appointments by telephone or video call for certain aspects of pre-planned care

Consultation outcomes

64% of respondents agreed with proposal

23% disagreed with proposal

Main reasons for support is that:

- Technology improves access to services by reducing travel
- COVID has proven that technology can work

Main reasons for disagreeing:

- Some groups will require face to face appointments
- We should consider the lack of access to technology for some people
- We should consider the need for physical examination when this will aid diagnosis

What we will be doing to address the concerns:

- Where face to face appointments are needed they will be offered including were there is a need for a physical examination
- Lack of access to technology will be considered as we develop our plans further and there must always be an alternative for people that cannot or do not have access to technology

Create a primary care urgent treatment centre at Leicester General Hospital site and scope further detail on proposals for developing services at the centre based upon feedback and further engagement with the public

Consultation outcomes

67% of respondents agreed with proposal

14% disagreed with proposal

Main reasons for support is that:

- It would reduce the pressures on other services
- The Leicester General Hospital site was a suitable site for these services

Main reasons for disagreeing:

- Accessibility to the site for rural communities city residents in the west
- Concern about the removal of existing services
- The General Hospital site not being suitable

What we will be doing to address the concerns:

- This would predominately be a primary care site covering the city – the actions set out in the Travel Action Plan should support travel to the site
- Providing urgent care services away from an acute site will relieve pressure on emergency services and with diagnostics and observation facilities it will enable patients to be monitored outside of an acute environment
- With the predicated housing growth and limited current provision in the area it is anticipated that additional primary care facilities will be required in the coming years
- There is also a national drive to develop community diagnostic hubs as outlined in these proposals

New haemodialysis treatment units – providing two new haemodialysis treatment units, one at Glenfield Hospital and the second in a new unit to the south of Leicester

Consultation outcomes

69% of respondents agreed with proposal

7% disagreed with proposal

Main reasons for support is that:

- Improved access to haemodialysis services
- Glenfield is a suitable site

Main reasons for disagreeing:

- General Hospital site is a suitable site for the service
- There was no need for two sites
- The proposals would reduce accessibility

What we will be doing to address the concerns:

- A decision on the second site will be made in due course, once potential sites have been identified, via an options appraisal approach which will include considering the view of services users
- The service will continue to explore innovative ways of delivering dialysis including the option of home or community based dialysis when this is right for the patient

Hydrotherapy pools – using hydrotherapy pools already located in community settings

Consultation outcomes

71% of respondents agreed with proposal

7% disagreed with proposal

Main reasons for support is that:
- Improved access to facilities
- The impact that hydrotherapy has on a patient's outcomes

Main reasons for disagreeing:
- Quality of care
- Community pools would not have the required facilities

What we will be doing to address the concerns:
- In determining location criteria will be establish to determine the locations this will include the availability of the right equipment and pool facilities
- Appropriately trained staff, i.e. NHS Physiotherapists would deliver the service

Children's hospital – refurbishing the Kensington building at Leicester Royal Infirmary to create a new children's hospital including a consolidated children's intensive care unit, co-located with maternity services

Consultation outcomes

77% of respondents agreed with proposal

7% disagreed with proposal

Main reasons for support is that:

- An improvement in the quality of care
- It is positive to have a children's hospital

Main reasons for disagreeing:

- The LRI not being a suitable site
- Difficulty with parking and reducing access for rural communities

What we will be doing to address the concerns:

- The Travel Action Plan will support the concerns about parking and access
- The LRI was chosen as the site as it has the Children's Emergency Department and will be the home for the Children's Congenital Heart Services from 2021. Part of the requirement for the continued delivery of CHD services is the formation of a Children's Hospital and as such the LRI was proposed as the location due to the co-location with the Children's Emergency Department of the CHD Service

New maternity hospital – building a new maternity hospital on the LRI site, including a midwifery-led birth centre provided alongside the obstetric unit. Moving existing maternity services (services provided in pregnancy, childbirth and post-pregnancy) and neonatal services from Leicester General Hospital to Leicester Royal Infirmary

Consultation outcomes

50% of respondents agreed with proposal

19% neither agreed or disagreed

31% disagreed with proposal

More people disagreed from postcodes in Rutland and the south and east areas of Leicestershire compared to other areas in LLR

Main reasons for support is that:
- Increased efficiency and improved quality of care

Main reasons for disagreeing:
- The Leicester Royal Infirmary not being a suitable site
- Reduced accessibility for rural communities
- Lack of parking at the LRI

What we will be doing to address the concerns:
- The Travel Action Plan will support the concerns about parking and access

Breastfeeding services – enhancing breastfeeding services for mothers by post-natal breastfeeding drop-in sessions alongside peer support

Consultation outcomes

41% of respondents agreed with proposal

7% disagreed with proposal

Main reasons for support is that:
- Increase access to breastfeeding support
- It would benefit mothers and babies

Main reasons for disagreeing:
- Consideration should be given to the high-quality support provided at St. Marys Birthing Unit
- Leicester is not suitable for drop-in sessions

What we will be doing to address the concerns:
- Breastfeeding support will still be provided locally

New standalone maternity unit – relocating the standalone maternity unit at St Mary's in Melton Mowbray and trial a new standalone midwifery unit at Leicester General Hospital to assess its viability

Consultation outcomes

36% of respondents agreed with proposal

23% neither agreed or disagreed

41% disagreed with proposal

More people disagreed from postcodes in Rutland and the south and east areas of Leicestershire compared to other areas in LLR

Main reasons for support is that:

- It would improve access by moving the service to Leicester General Hospital site
- The quality of care would improve at the Leicester General Hospital

Main reasons for disagreeing:

- It would reduce access in some parts of LLR to the service
- People valued the quality of care at St. Marys Birth Centre

What we will be doing to address the concerns:

See next slide

Area	Agreed	Neither agreed or disagreed	Disagreed
Leicester City	45%	21%	35%
Rutland	16%	28%	56%
Leicestershire South & East	30%	19%	51%
Leicestershire North & West	39%	24%	37%

Consultation outcomes

A review panel considered the feedback from consultation and concluded that the proposal for the standalone Midwifery Led Unit to move from St. Marys in Melton Mowbray to the Leicester General site should be the one considered by the LLR CCG Governing Bodies. The rationale for this was:

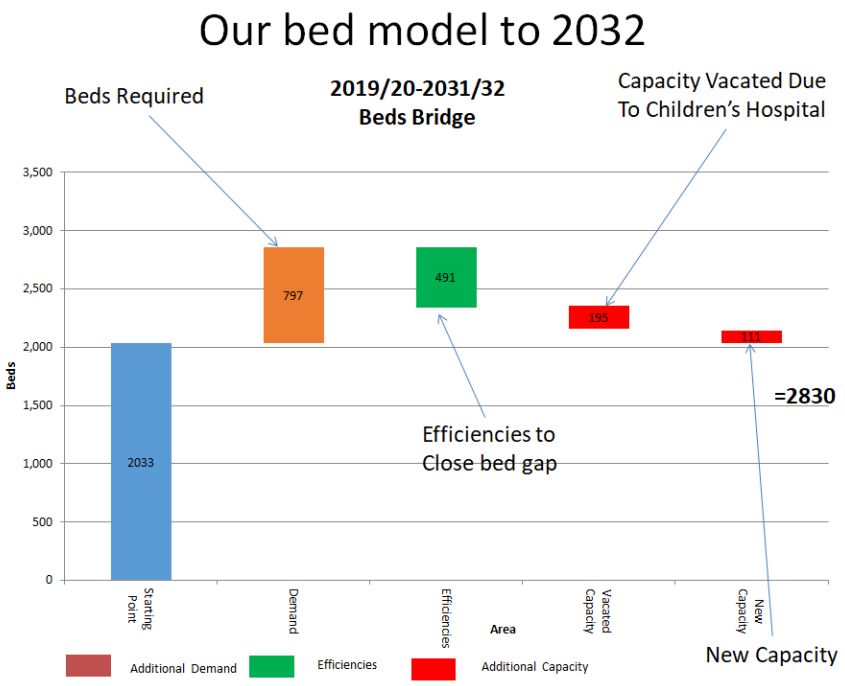
- The General Hospital site will be more accessible to more women across LLR thus providing a more equitable service to the women of LLR
- Transfer time to acute service will be significantly reduced and this will reduce clinical risk and encourage more women to choose the standalone Midwifery Led Unit
- Staff sustainability is improved by relocation to the Leicester General Hospital site due to difficult in recruiting staff in its current location
- The current service does not see enough patients for it to be viable but LLR wants to offer an standalone Midwifery Led Unit as an option for women and moving it the Leicester General Hospital will give a better chance of long term sustainability

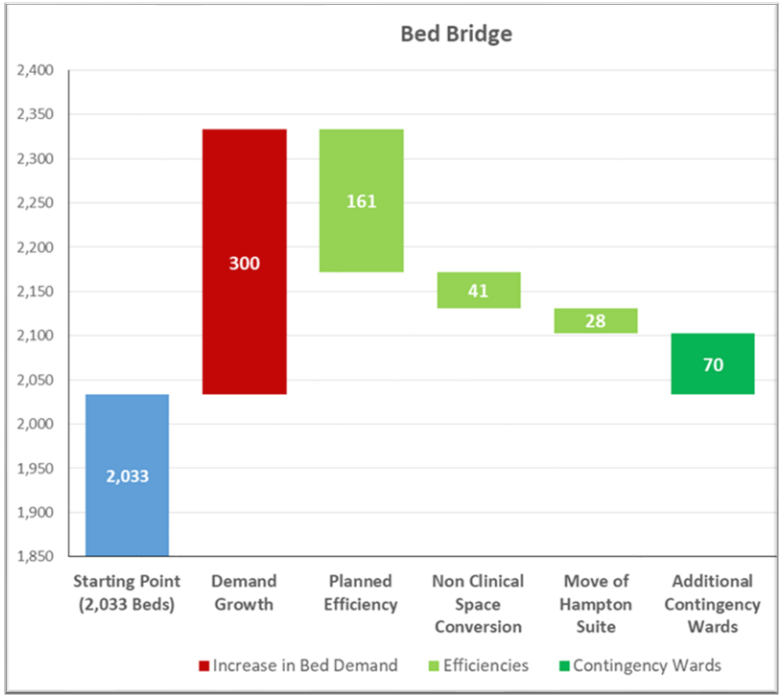
What we will be doing to address the concerns:

- Significant ongoing improvement to postnatal support services will take place including:
  - Locally based services
  - Local breastfeeding support services
  - Expanded team of midwives who will provide continuity of care
  - Support for home births
- We will use the skills and expertise of the midwives providing the service at St. Marys Birth Centre in the development to the Leicester General service
- It is acknowledged that the viability of the standalone midwifery Led Unit at the Leicester General Hospital site will not be able to be assessed within a one year period as set out in the PCBC – this will take time to grow. As such we will establish a panel made up of professionals and women to agree how and when this assessment will take place
- We will actively promote the option of the standalone Midwifery Led Unit at the Leicester General to women

Bed modelling

- During consultation we had feedback to plan our bed model over a longer period which we have now done taking the model to 2032 rather that 2024 as set out in the Pre-Consultation Business Case
- The new model will see an additional 306 beds from the starting point of 2033 which is an increase of 167 new beds on the PCBC
- Efficiencies increase from 161 to 491 over the same period





Pledges/commitments

A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.

1. Good access cross all sites
2. Good access onto and around all sites
3. Embrace environmental sustainability
4. Adapt high quality patient communication and interactions
5. Co-design services and provide information to all socio-demographic groups throughout implementation of change
6. Focus attention beyond clinical need
7. Develop solutions for those people living in rural locations – care closer to home, particularly if needed in an emergency
8. New technologies – adopted and adapted to meet the patient need and choice
9. Engage communities on next steps for Leicester General Hospital

Pledges/commitments

A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.

10. Consider variety of locations to achieve the best access to haemodialysis treatment
11. Provide quality of care in hydrotherapy services, at the right and appropriate locations with good access e.g. wheelchair users, and provide trained staff and pay attention to single sex sessions
12. New maternity hospital providing personalise high quality care
13. High quality and sustainable standalone Midwifery Led Unit
14. Provision of community breastfeeding support
15. Provision of high quality Children's Hospital for children, young people and family carers
16. Provision of adequate acute bed capacity to match need
17. Ensure that all improvements ensure better outcomes for patients improving the health and wellbeing of our local population.

Paper for City Health and Wellbeing Scrutiny Committee

Date: 13th July 2021

Title: Leicester Response to COVID19: A One Year Reflection from the Respiratory Team*

(*University Hospitals of Leicester [UHL] and University of Leicester [UoL])

Author: Dr Rachael Evans, Consultant Respiratory Physician UHL NHS Trust and Associate Professor, UoL.

This short paper is designed as a brief introduction for members of Scrutiny to the work that has taken place over the period of the pandemic between clinicians / researchers from Leicester into the effects of COVID-19 on patients and staff from the onset of illness and hospitalisation through to our emerging understanding of post hospital COVID recovery and the longer term effects on individuals.

At the Scrutiny meeting on July 13th Dr Rachael Evans will present findings from the PHOSP-COVID Study, (PHOSP ='Post Hospital' https://www.phosp.org/) which originated in Leicester and has attracted significant national attention and funding. This will look at the characteristics of 'long covid' and some of the risk factors which appear to influence recovery. Dr Evans will also share how this research is being used to develop services for patients locally to support their recovery.

In advance of that here is a short recap of the innovative work that has taken place in Leicester over the last 16 months.

Looking after our patients and staff

- New Acute Respiratory Support Service March 2020 – led by senior ventilation physiotherapist, Clare Rossall. Enabled patients to be supported on high level respiratory (lung) support outside of intensive care – critical to manage the large volume of patients requiring invasive mechanical ventilation on intensive care during the peaks.
- Staff well-being led by Dr Sarah Diver (Respiratory Research Registrar) – Weekly Bulletin including 'inspiration of the week'. Ward 20 'PostiviTree' – visual tree with all patient's names safely discharged from hospital named in a leaf
- Drive through breathing tests started Spring 2020 – high patient satisfaction
- Over 4,500 survivors of a hospital admission at UHL to date
- One of the first UK holistic COVID follow-up services including face to face assessment started in May 2020 including multidisciplinary and inter-speciality working to provide best care for our patients using resource effectively. Service lead – Dr Rachael Evans. One of the first centres to offer genuine COVID19 rehabilitation
    - >2,600 appointments
    - >1,400 face to face appointments
    - NHS-England long Covid assessment service

- Integrated approach

National Impact from the Leicester Respiratory Team

The Creation of National and International Guidelines:

- British Thoracic Society (BTS) follow-up guidelines for COVID pneumonia: Professor Jon Bennett, Respiratory Physician UHL, Honorary Professor UoL
- European Respiratory Society/American Thoracic Society COVID19 guidelines – Adapting Pulmonary Rehabilitation: Professor Sally Singh, Professor of Cardiopulmonary Rehabilitation UoL, Manager of Cardiopulmonary Rehabilitation UHL
- BTS adopted the Leicester 'Sharing Patient Assessments Cuts Exposure for Staff' 'SPACES' approach to clinical care

National Policy

- NHS-England Long Covid Taskforce and associated government roundtable: Professor Chris Brightling, Dr Rachael Evans Associate Professor UoL and Consultant Respiratory Physician UHL, Professor Sally Singh
- NHS-England https://www.yourcovidrecovery.nhs.uk/ website and Phase II rehabilitation programme: Professor Sally Singh

Leicester and Research

Acute care research studies

Since April 2020, over 29,000 people have taken part in COVID-19 research with Leicester's Hospitals across 39 studies classed as Urgent Public Health priority research by the Department of Health and Social Care. This is more than double the next highest Trust!

UHL were the largest recruiters to the life-saving Recovery Trial.

Research into Long COVID

£8.5 million funded UKRI grant Post-HOSPitalisation COVID19 follow-up study (PHOSP-COVID) - Chief Investigator Professor Chris Brightling, Lead Co-Investigator Dr Rachael Evans

UK Research Study into Ethnicity and COVID-19 outcomes in Healthcare workers (UK-REACH) – Principal Investigator Dr Manish Pareek, Associate Professor UoL, Consultant in Infectious Diseases UHL

PHOSP-COVID Study

The COVID-19 pandemic has tragically led to some patients experiencing severe acute illness, hospitalisation and even death. Beyond the health of those affected, it has had widespread economic, psychological and societal effects. The range and severity of symptoms arising from the virus is broad, from those with no or minimal symptoms, to severe pneumonia in 15-20 per cent of cases, with evidence of widespread disease beyond

the lungs, including the heart and circulatory system, kidney damage and effects on the brain. It is important to obtain more information and understand the long-term effects of COVID-19 and the ongoing medical, psychological and rehabilitation needs of these patients.

Purpose of the study

This study looks at how different patients recover from COVID-19, a condition caused by a type of virus called SARS-CoV-2, or coronavirus for short. As COVID-19 is a new disease, this study aims to identify whether there are longer-term health problems of COVID-19 for those who were hospitalised.

We want to understand:

- why some people recover more quickly than others
- why some patients develop other health problems later on
- which treatments received in hospital or afterwards were helpful
- how we can improve care of patients after they have been discharged from hospital.

Finally, we want to develop a data resource that other research teams can use to answer their questions quickly to further improve health outcomes in future. This will make the best use of the time, clinical information and samples participants provide.

- Widespread coverage by international and national media outlets
- >4,000 participants recruited across the UK to date

The results of the first 1,000 PHOSP participants will be presented to the Scrutiny Committee at the meeting on 13th July by Dr Rachael Evans.

ENDS

ASC Long Covid Insights

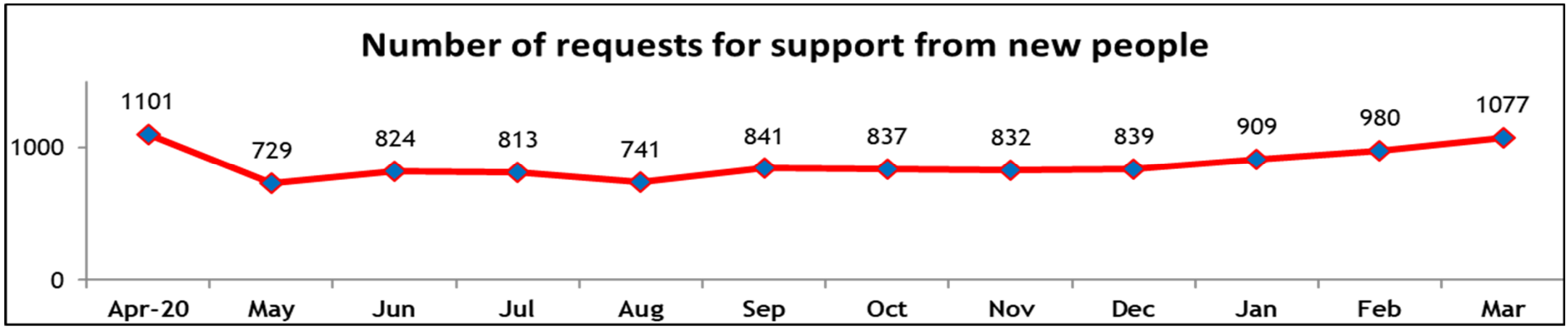
Emerging Trends or Issues

Context

- ASC uses a case management system (Liquid Logic) to capture information and produce reports
- This includes health and disability information, which is linked to a persons need for ASC
- Covid / long covid is not a ‘factor’ within Liquid Logic so reports cannot be produced on people who have had covid
- General trend data has been reviewed, where the impact of covid on people’s need for ASC might be having an influence on activity changes. No direct correlation to long covid should be drawn

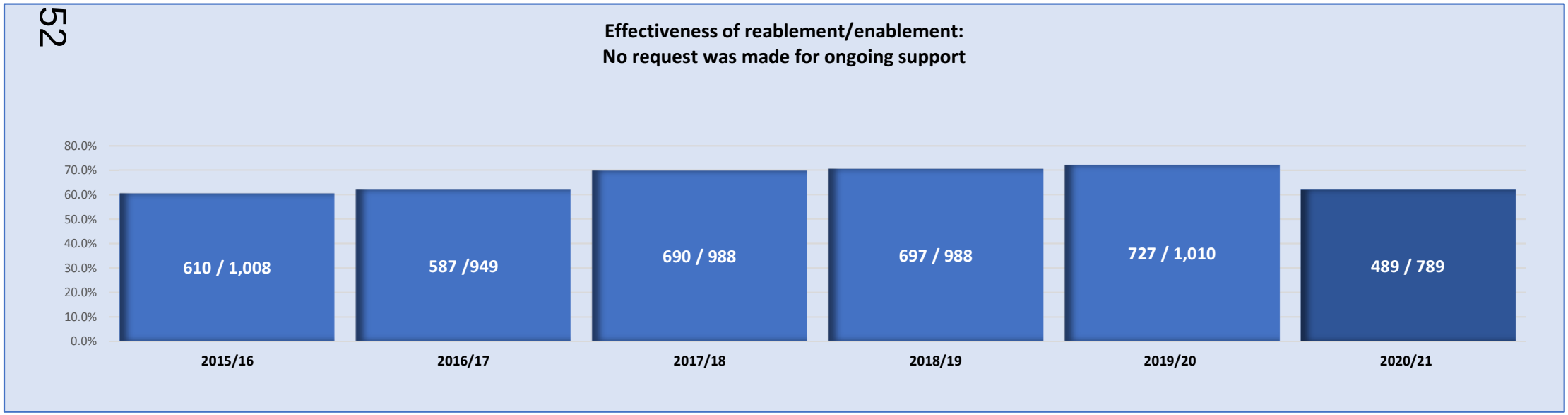
Demand

- Demand from new people for ASC support fell during the early covid period. This has now returned to pre-covid levels
- Based on referral patterns returning to pre-covid levels, including for those with physical health conditions, there is no current view that long covid is resulting in increased demand but this is perhaps too early to be sure about and will be monitored into next year



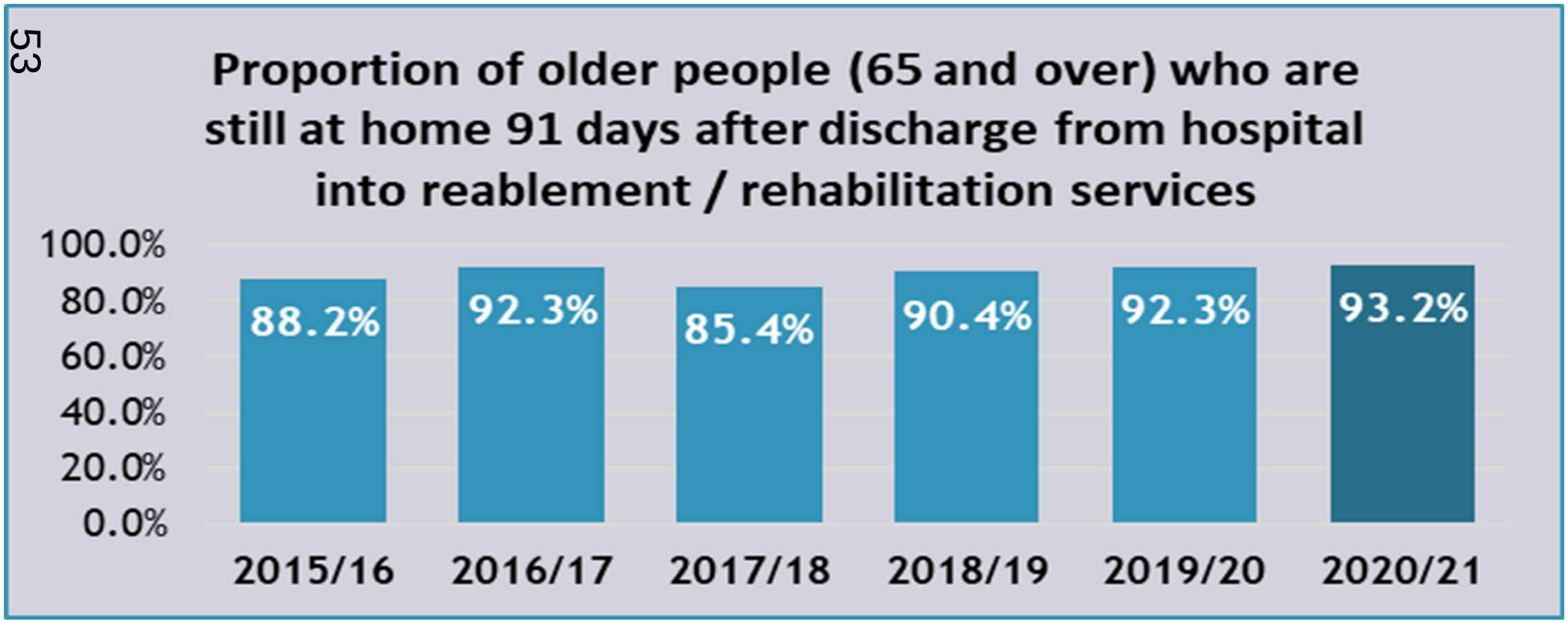
Outcomes of short term support

- The % of people who received a short term support offer fell substantially during 20/21, linked to fewer planned care episodes in hospital
- Those discharged were generally more poorly, having been an emergency admission, and often covid related; the likelihood of people being fully independent fell



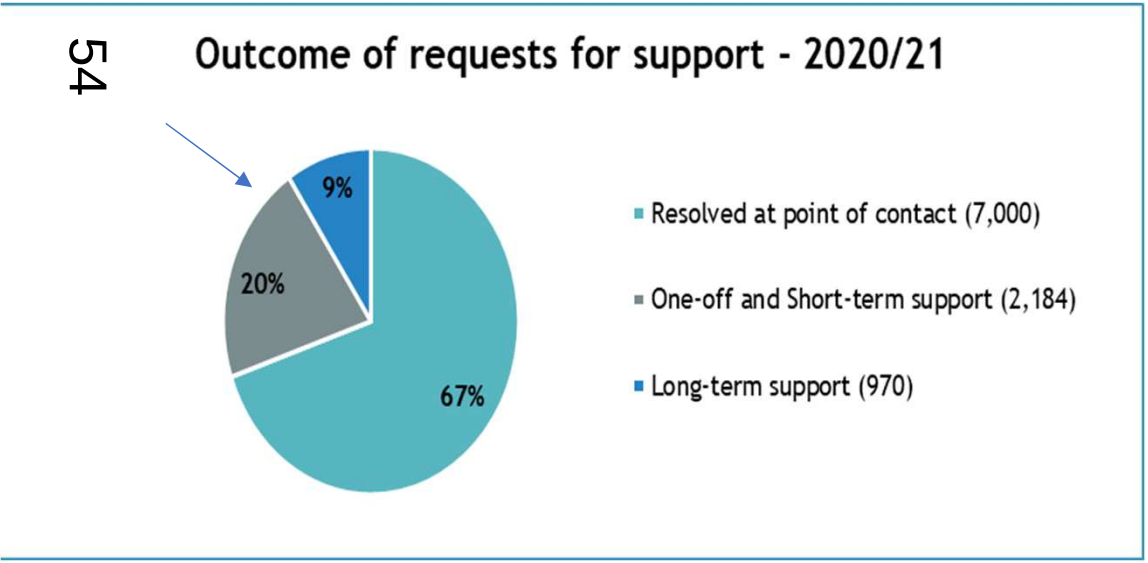
Outcomes from short term support

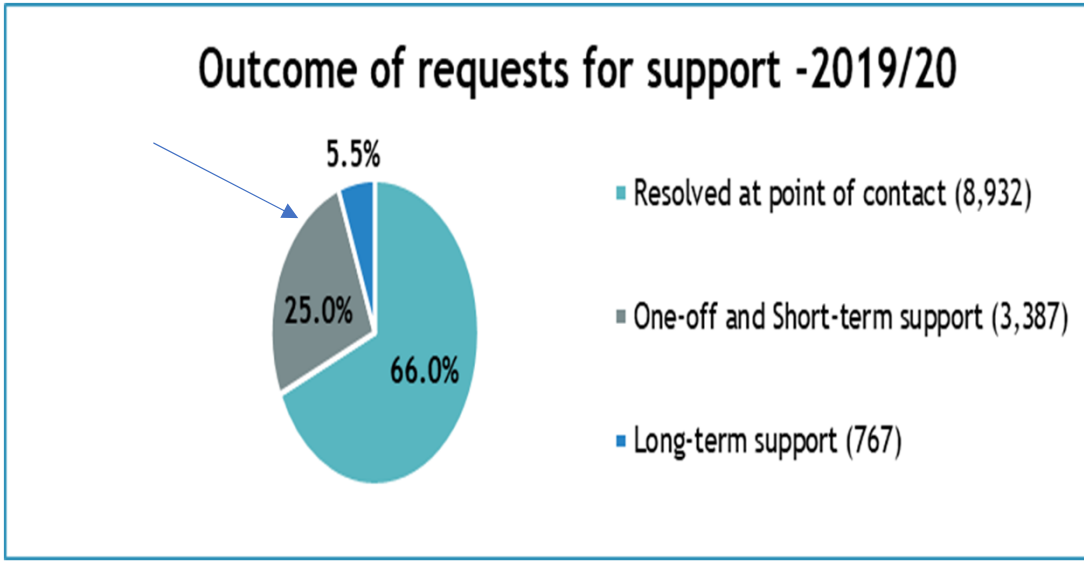
- Although fewer people were fully independent, ASC was able to maintain the % of people who remained in their own home following a discharge into reablement
- These people were more likely to require ongoing care than in previous years



Provision of longer term support

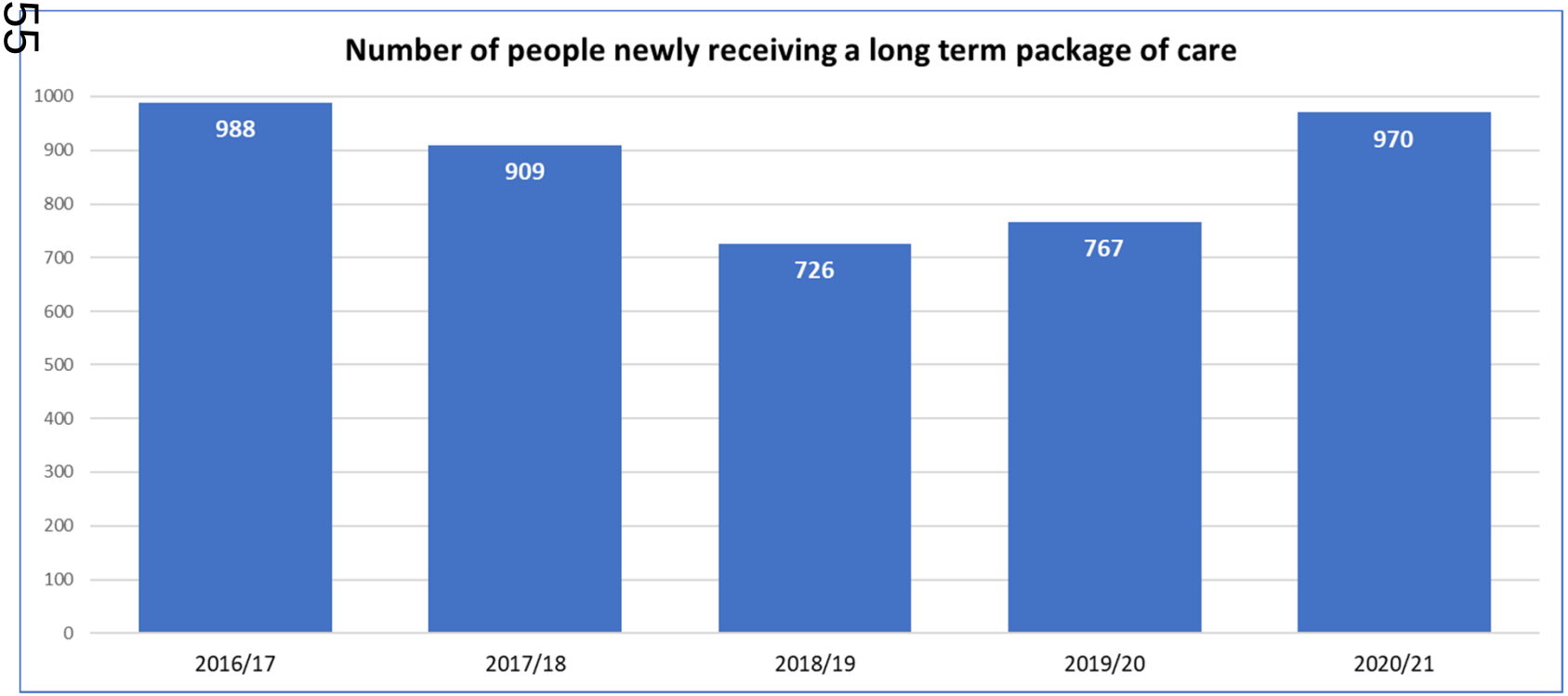
- The numbers of people whose needs were resolved at point of contact was fairly consistent to last year. What has changed in 2020/21 is the spilt between short term and long term support being agreed on initial contact.
- There is no evidence to suggest a change in the proportionality of outcomes based on ethnicity





Provision of longer term support

- The number of new people going into long-term support continues to increase (an average of over 100 per month in the fourth quarter of 20/21). This is well over the monthly average of 64 last year, and at levels not seen over the last five years.
- This reverses trends achieved by increased use of community and one-off support in recent years, suggesting people have more enduring / less resolvable ASC needs



Health and Wellbeing Scrutiny Commission

Work Programme 2021-22

Meeting Date	Topic	Actions arising	Progress
13rd July 2021	1. COVID19 Update & Vaccination Progress Update 2. Consultation Response to UHL Reconfiguration 3. Strategy on how to deal with the effects of Long COVID	1. Standing item as required for this cycle. 2. Latest update from CCGs is that a response will be ready by July. Likely that this will be discussed in detail at Joint Health (Chair responsibility has passed to City) 3. Item requested following information on hospital readmissions – Long COVID paper expected from UHL and an ASC perspective of Long COVID in City care homes.	
1st September 2021	1. COVID19 Update & Vaccination Progress Update 2. Access to GPs 3. Mental Health Services Update 4. LPT Improvement Plan Update	Item 3 is in relation to city access to GP services and recent engagement conducted by CCGs in May. Please note Items 4 and 5 may be covered under an additional meeting solely on Mental Health Services.	
2nd November 2021	1. COVID19 Update & Vaccination Progress Update 2. UHL Financial Adjustment Update 3. Merger of CCGs and Update on ICS 4. Update on Sexual Health Services / Contraception	Item 3 will consider bother the CCG merger and the ICS.	
14th December 2021	1. COVID19 Update & Vaccination Progress Update 2. Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan 3. Impact of the Pre-exposure to HIV service and its funding	Item 2 will bring a greater focus on the link between food and health.	

Meeting Date	Topic	Actions arising	Progress
25th January 2022	1. COVID19 Update & Vaccination Progress Update 2. Final Review Report – BLM and Health 3. Draft Revenue Budget		
23rd March 2022	1. COVID19 Update & Vaccination Progress Update 2. 0-19 Commissioning Update 3. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)		

Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - **No decisions** due to be taken under this heading for the current period (on or after 1 Dec 2020)		
COVID19 Update and Vaccinations Update	Standing item on the agenda. Regular information requested in between meetings to show trends.	All meetings
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	March 2022

Update on Sexual Health Services / Contraception	Requested as an item in the January 2021 meeting	Late 2021
Final Review Report – BLM and Health	First Task Group meeting in March 2021. Second meeting tbc in June 2021.	Early 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Early 2022
Impact of the Pre-exposure to HIV service and its funding	Brought forward from 2021 Work Programme.	Late 2021
Mental Health Update (and) LPT Improvement Plan Update (or)	Requested that an update be given in 6 months after the March 2021 update	September 2021
Mental Health Services Update	A single meeting on mental health services	Earlier in cycle and possibly through an extra meeting
Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Completed in April 2021, an update requested in the next cycle of meetings, to include a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.	Earlier in the cycle – late 2021
Consultation Response to UHL Reconfiguration	Initial report was expected in early March 2021 but is now expected in July 2021 and will also be discussed at Joint HOSC.	Summer 2021
Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)	Mentioned in the January 2021 minutes, following the LLR health inequalities item. Followed up with a LLR Framework and Action Plan Update in April 2021, with a request for a further update in 2022 regarding; implementation, statement of intent and action plan.	Winter 2021
UHL Financial Adjustment - Update	Further information on the Development Programme from Deloitte and involvement in board selection processes.	September 2021

Review of contracts for vending machines and other food services at the Council's Leisure Centres	Requested as an item in the January 2021 meeting and discussed as part of April 2021's Obesity Item with agreement that the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.	TBC
Matters Arising from the Last Meeting – COVID Hospital Readmissions – **now Long COVID**	Was initially a standing item on hospital readmission data, which has now been directed into a wider focus on Long COVID (UHL to lead on this)	Summer 2021
Merger of CCGs Integrated Care Services (ICS)	Item based on the recent changes in March 2021	September
Draft Revenue Budget	Standard report to go to all Commissions	January 2022
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPS	TBC 2022