





MEETING OF THE LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

DATE: TUESDAY, 6 JULY 2021

TIME: 5:30 pm

PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Leicester City Council

Councillor Kitterick (Chair of the Committee) Councillor Aldred Councillor March Councillor Dr Sangster

Councillor Fonseca Councillor Pantling Councillor Whittle

Leicestershire County Council

Councillor Morgan (Vice-Chair of the Committee)Councillor BrayCouncillor Councillor GrimleyCouncillor KingCouncillor Councillor King

Councillor Ghattoraya Councillor Hack Councillor Smith

Rutland County Council

Councillor Harvey Councillor Waller

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

For Monitoring Officer

Officer contacts:

Anita James (Senior Democratic Support Officer): Tel: 0116 454 6358, e-mail: anita.james2@leicester.gov.uk Sazeda Yasmin (Scrutiny Support Officer): Tel: 0116 454 0696, e-mail: Sazeda.yasmin@leicester.gov.uk) Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending Meetings and Access to Information

You have the right to attend formal meetings such as full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance. A guide to attending public meetings can be found on the Decisions, meetings and minutes page of the Council website.

Members of the public can follow a live stream of the meeting on the Council's website at http://www.leicester.public-i.tv/core/portal/webcasts

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk by contacting us using the details below.

To hold this meeting in as Covid-safe a way as possible, all attendees are asked to follow current Government guidance and:

- · maintain distancing while entering and leaving the room/building;
- · remain seated and maintain distancing between seats during the meeting;
- · wear face coverings throughout the meeting unless speaking or exempt;
- · make use of the hand sanitiser available;
- · when moving about the building to follow signs about traffic flows, lift capacities etc;
- · 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;
- · if you are displaying Coronavirus symptoms: a high temperature; a new, continuous cough; or

 \cdot a loss or change to your sense of smell or taste, you should NOT attend the meeting, please stay at home and get a PCR test.

Making meetings accessible to all

<u>Wheelchair access</u> – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

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If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ 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 Anita James, **Democratic Support on (0116) 454 6358 or email** <u>anita.james2@leicester.gov.uk</u> 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 LEICESTERSHIRE LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
AMH	Adult Mental Health
AMHLD	Adult Mental Health and Learning Disabilities
BMHU	Bradgate Mental Health Unit
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CMHT	Community Mental Health Team
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

СТО	Community Treatment Order
DTOC	Delayed Transfers of Care
ECMO	Extra Corporeal Membrane Oxygenation
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EHC	Emergency Hormonal Contraception
EIRF	Electronic, Reportable Incident Forum
EMAS	East Midlands Ambulance Service
EPR	Electronic Patient Record
FBC	Full Business Case
FYPC	Families, Young People and Children
GPAU	General Practitioner Assessment Unit
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HWLL	Healthwatch Leicester and Leicestershire
IQPR	Integrated Quality and Performance Report
JSNA	Joint Strategic Needs Assessment
NHSE	NHS England
NHSI	NHS Institute for Innovation and Improvement
NQB	National Quality Board
NRT	Nicotine Replacement Therapy
OBC	Outline Business Case
PCEG	Patient, Carer and Experience Group
PCT	Primary Care Trust
PDSA	Plan, Do, Study, Act cycle
PEEP	Personal Emergency Evacuation Plan
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PSAU	Place of Safety Assessment Unit
QNIC	Quality Network for Inpatient CAHMS
RIO	Name of the electronic system used by the Trust
RN	Registered Nurse
RSE	Relationship and Sex Education
SOP	Standard Operating Procedure.

STP	Sustainability Transformation Partnership
TASL	Thames Ambulance Service Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

NOTE: Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance.

Officers attending the meeting are asked to contact the Democratic Support Officer in advance to confirm their arrangements for attendance.

This meeting will be webcast live at this link https://leicester.publici. tv/core/portal/home

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link: - http://www.leicester.public-i.tv/core/portal/webcasts

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. CHAIRS ANNOUNCEMENTS

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

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

4. MINUTES OF PREVIOUS MEETING

Appendix A (Pages 1 - 8)

The minutes of the meeting held on 5^{TH} March 2021 have been circulated as attached and the Committee is asked to confirm them as a correct record.

5. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS

To note progress against actions of previous meetings not reported elsewhere

on the agenda (if any).

6. COMMITTEE MEMBERSHIP

Members are asked to note the membership of the commission for 2021/22 as follows:

Councillor Kitterick (Chair) Councillor Jonathan Morgan (Vice-Chair)

Councillor Aldred Councillor Bray Councillor Fonseca Councillor Ghattoraya Councillor Grimley Councillor Hack Councillor Harvey Councillor King Councillor March Councillor Pantling Councillor Dr Sangster Councillor Smith Councillor Waller Councillor Whittle

7. COMMITTEE TERMS OF REFERENCE - WORKING ARRANGEMENTS

Appendix B (Pages 9 - 12)

Members are asked to note the Terms of Reference/Working Arrangements for the Committee as attached.

8. PETITIONS

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

The Monitoring Officer informs that a petition has been received which asks the Committee to:

"arrange a meeting, as indicated in its minutes of December 2020, as a matter of urgency to scrutinise the Report of Findings, produced by Midlands and Lancashire Commissioning Support Unit following the public consultation, Building Better Hospitals for the Future, in the autumn. This report was completed in March but has only just been shared with the public. We call upon the Scrutiny Committee to request the three local Clinical Commissioning Groups, which are responsible for the Building Better Hospitals proposals, delay finalising their decision-making until they are able to incorporate the insights of scrutiny into their Decision-Making Business Case, and not to proceed with their meeting planned for 8th June, if this is to approve the Decision-Making Business Case.

The Committee is recommended to consider the petition as part of the discussion on item 10 of the agenda "Analysis of UHL Acute and Maternity Reconfiguration Consultation Results."

9. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

The following questions have been received:

From Jean Burbridge:

• Following the Building Better Hospitals for the Future consultation, who are the patient representatives who were involved in reviewing the public feedback? In what ways are they representative?

From Giuliana Foster:

1) You set out the estimated capital costs of the various parts of the proposals on pages 23 and 113 of the DMBC but these do not include the estimated capital costs for the freestanding midwife led unit on the site of Leicester General Hospital. What are the estimated costs for both the trial and the ongoing existence of the unit and where will these funds come from?

2) What are the estimated costs of the primary care urgent treatment centre and other community services planned for the site of the Leicester General Hospital and where will these funds come from?

From Brenda Worrall:

• Why has a target of births of 500 been set when this is larger than all other Free Standing Midwife led units (FMUs) in the country. Is the FMU being set up to fail?

From Godfrey Jennings:

If adequate additional Public Dividend Capital (PDC) is not forthcoming, which elements of the scheme are you likely to alter? (p25 of the DMBC "Whilst the original funding of £450m PDC has been identified, in the event that further PDC funding is not made available to fund the additional national policy changes such as the requirement for New Zero Caron and Digital, then the scope of the scheme will be reviewed again in order to fit the budget available.")

From Sarah Patel:

• How does the profile of respondents in terms of a) ethnicity and b) deprivation match that of the population as a whole, taking Leicester, Leicestershire and Rutland each in turn?

From Kathy Reynolds on behalf of Rutland Health & Social Care Policy Consortium:

- 1. We are told approximately £260,000 was spent on consultation by LLR CCGs. The people of Rutland submitted many comments and proposals to mitigate the impact of moving acute services from East to West and consequent increased complexity of journeys and increased travel times making access to services more difficult. The summary of decisions published on 26th June offers no clarity on how services will be delivered closer to home to mitigate these problems. Can the CCG explain why there are none?
- 2. The CCGs have refused to say how alternative services will be funded where patients are unable to access the new facilities (They estimated this to be about 30% of patients in the PCBC). The consequences of this will result in more patients accessing services outside Leicester, Leicestershire and Rutland. As the CCGs will have to meet these costs can they supply the cash flow estimates for this work which will relocate elsewhere as a result of Reconfiguration?
- 3. Any attempt to clarify with the CCGs how much capital and revenue has been allocated to community services has not been answered on the grounds that only UHL acute capital is being considered. We were, therefore pleased the June CCGs Extraordinary Board Meeting approved "creating 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." Can the CCG explain why proposals did not also included community services for residents across LLR which are needed as a consequence of reconfiguration?
- 4. The introduction to the Report of Findings tells us "Long gone are the days when any one of the hospitals would cater exclusively for the needs of patients in their own distinct geographic area. Instead, patients are already used to visiting any one of the three city hospitals depending on the required specialism, clinical staff and bed availability." Do the CCGs have patient flows to back up this statement? Do Rutland & East Leicestershire patients (as a percentage of population) use proportionally more of the specialities delivered from the General Hospital site compared with the other sites?

From Lorraine Shilcock:

- 1. What is the meaning of the following statement on p25 of the Decision-Making Business Case? "However, work is ongoing with the New Hospital Programme to agree the scope of inclusion in the programme, and the potential sources of capital."
- 2. Which proposals/services do you plan to cut if the necessary finances are not forthcoming?

From Sally Ruane:

- What changes have been made to the Building Better Hospitals for the Future proposals following public not clinical- feedback?
- "I wish to raise concerns about the use of an "impartiality clause" used by the CCGs during the consultation process which would have had the effect of stifling the expression of points of view at odds with those of the CCGs.

Via a Service level agreement with an impartiality clause, the CCGs commissioned and remunerated organisations to undertake engagement with people as "supporters" of the consultation exercise. However, the impartiality clause obstructed the ability of these organisations to inform their members (or those they engaged with) of any concerns they had about the proposals and it obstructed the ability of these organisations to draw on independent sources or their own body of knowledge in responding to members'/followers' questions.

The Impartiality clause stated "Organisations are not expected to express views or opinions on the consultation when engaging with their communities ... and all queries and questions should be signposted to official literature or NHS leads".

It appears, therefore, that these organisations far from being impartial, could be said to be the voice of the CCGs, able only to point people to the official literature so providing them with a single, very particular narrative.

- 1. I would like to know if this practice is legal.
- 2. I would like to know if this is seen as good practice and what dangers were considered in deciding to proceed with these agreements.
- 3. Are the CCGs able to tell us what steps they took to ensure that organisations under contract informed their members/followers in any engagement they (the organisations) had with their members/followers that they were working under a service level agreement which contained an 'impartiality clause'.
- 4. How many of the 5,675 responses to the consultation were as a result of these contracts?

These questions will be considered in accordance with Rule 10 of the Scrutiny Procedure Rules of the Council's Constitution.

10. ANALYSIS OF UHL ACUTE AND MATERNITY RECONFIGURATION CONSULTATION RESULTS

Members will receive a presentation update on the UHL Acute and Maternity Reconfiguration Consultation Results.

Background papers, (Consultation findings and Decision-Making Business Case for the UHL Reconfiguration) have already been published and can be found at the following link:

11. COVID-19 VACCINATION PROGRAMME UPDATE

Members will receive a presentation update on the Covid-19 Vaccination Programme with a focus on recent data including vaccination patterns across the City and County.

12. WORK PROGRAMME

Appendix C (Pages 13 - 16)

The Scrutiny Policy Officer submits a document that outlines the Leicester, Leicestershire and Rutland Health Scrutiny Committee Work Programme for 2021/22.

The Committee is asked to consider the Work Programme and make any comments and/or amendments as it considers necessary.

13. ANY OTHER URGENT BUSINESS

14. DATES OF COMMITTEE MEETINGS 2021/22

Members are asked to note the scheduled meetings of the Committee for 2021/22 as follows:

- Tuesday 16th November 2021 at 5.30pm
- Monday 28th March 2022 at 5.30pm

Extra meetings may be convened in agreement with the Chair in accordance with the Committees working arrangements.