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 Bray
Councillor Grimley
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:
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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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 anita.james2@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**

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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

CTO	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.

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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 5TH 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:

https://www.leicestercityccg.nhs.uk/about-us/future-governing-body-meetings/

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.

Appendix A

Minutes of a meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Friday, 5 March 2021.

PRESENT

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

Mukesh Barot	Mr. J. T. Orson JP CC
Mr. J. G. Coxon CC	Mrs. R. Page CC
Mrs. A. J. Hack CC	Mr T. Parton CC
Mrs S Harvey	Cllr. D. Sangster
Dr. S. Hill CC	Dr Janet Underwood
Cllr. M. March	Miss G. Waller

In attendance

Andy Williams, Chief Executive, LLR Clinical Commissioning Groups (CCGs) (minutes 40 and 41 refer).
Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs (minute 40 refers).
Caroline Trevithick, Chief Nurse, WLCCG (minutes 40 and 41 refer).
Rebecca Brown, Acting Chief Executive, UHL (minutes 40 and 42 refer).
Mark Wightman, Director of Strategy and Communications, UHL (minute 42 refers).
Simon Lazarus, Chief Financial Officer, UHL(minute 42 refers).

Please note: This meeting was not open to the public in line with Government advice on public gatherings. The meeting was filmed for live or subsequent broadcast via YouTube:
https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ.

33. Minutes of the meeting held on 23 September 2020.

The minutes of the meeting held on 23 September 2020 were taken as read confirmed and signed.

34. Minutes of the meeting held on 14 December 2020.

The minutes of the meeting held on 14 December 2020 were taken as read confirmed and signed.

35. Question Time.

The Chairman reported that no questions had been received from the public under Standing Order 34.

36. Questions asked by Members.

The Chairman reported that no questions had been received from members under Standing Order 7.

Mrs. S. Harvey CC reminded the Chairman that she had still not received an answer to the supplementary questions that she asked at the Committee meeting on 14 December 2020. The Chairman advised that answers to those questions would again be requested from the Clinical Commissioning Groups.

37. Urgent items.

There were no urgent items for consideration.

38. Declarations of interest.

Mrs. A. Hack CC declared a personal interest in agenda item 9: Covid-19 Vaccination Programme as she worked for an organisation that dealt with people with learning disabilities.

Mr. T. Parton CC declared that he was the paid employee of a mental health charity though stated that this declaration was not in relation to a specific agenda item.

39. Presentation of Petitions.

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

40. System Update: Winter Pressures Review and NHS 111 First.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health and Care System which informed of how the NHS system had managed Covid-19 and the extra pressures over winter 2021/21. A copy of the report marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR Clinical Commissioning Groups (CCGs), Tamsin Hooton, Assistant Director of Urgent and Emergency Care, LLR CCGs, Caroline Trevithick, Chief Nurse, WLCCG and Rebecca Brown, Acting Chief Executive, University Hospitals of Leicester NHS Trust (UHL).

Arising from discussions the following points were noted:

(i) The winter pressures plan was led by the Urgent and Emergency Care Group whereas the Covid-19 pandemic resilience arrangements were overseen by the Local Resilience Forum arrangements working alongside the Health Economy Strategic Co-ordinating Group and supporting sub-groups. It was agreed that after the meeting a flow diagram would be circulated to members to show how all these groups interlinked with each other.

(ii) In the early days of the Covid-19 pandemic there had been concern on behalf of the NHS that some people were not attending Emergency Departments due to Covid related concerns even when they had a genuine medical emergency which required attendance at the Emergency Department. Since then attendances at Emergency

Departments had risen as messages had been publicised encouraging people to still attend Emergency Departments if they had a genuine need for the service. However, the mix of patients seen in Emergency Departments had now changed. The amount of patients being seen in Majors was the same as before the Covid-19 pandemic whereas the number of patients with minor injuries was lower. The reduction in minor injuries was believed to be because due to the lockdown restrictions people were being less active and not getting involved in risky outdoor activities.

(iii) During the pandemic initiatives had been put in place to enable EMAS staff to better provide clinical advice and enable patients to access alternative care pathways. This resulted in fewer than 50% of patients seen by EMAS being taken to hospital. These initiatives would continue after the Covid-19 pandemic had ended in order to keep Emergency Department attendances low.

(iv) Due to the Covid-19 pandemic there had been less face to face appointments at GP Practices and members suggested that this could have resulted in an increase in attendance at the Emergency Department. It was also queried whether the lack of face to face appointments could have resulted in underlying health issues being missed by GPs whose only contact with patients was over the telephone. In response it was explained that there had been some positive effects of the additional telephone appointments in that GPs had been able to spend more time talking to patients and therefore were able to identify a patient's needs better. However, the members' concerns were acknowledged by the CCGs and reassurance was given that a large amount of work had gone into addressing the issues arising from less face to face appointments. The CCGs and UHL were aware that whilst some performance targets were being met there could be a hidden backlog of patients that had not come forward for treatment and so work was taking place to assess the possible hidden harm resulting from the pandemic.

(v) During the Covid-19 pandemic there had been a drop in the requirement for social care, wrap around and reablement services but it was expected that demand would increase again as the impacts of the pandemic abated.

(vi) In response to concerns raised by members regarding the amount of elected procedures that had been delayed due to the Covid-19 pandemic reassurance was given that regular welfare checks had taken place with the patients that were awaiting an elected procedure. The NHS was using the private sector to help carry out the procedures. It was acknowledged that it could take up to two years to catch up on all the outstanding elected procedures and the NHS intended to be open and transparent with the public regarding this situation. The LLR system would be working with the rest of the region to help reduce the backlog. Dealing with patients that required cancer procedures was the main priority.

(vii) UHL and the CCGs acknowledged that staff had faced extreme pressures during the pandemic and reassured that support was being provided to staff and consideration was being given to how to tackle sickness rates.

<u>NHS 111</u>

(viii) When the new NHS 111 telephone service went live in LLR in September 2020 there was no national IT system for booking patients who required care in an Emergency Department (ED) into time slots in the Leicester Royal Infirmary ED.

Despite this the LLR system met its targets for booking patients into ED. Subsequently a national IT solution for booking patients into ED was set up and it went live at 4pm on Thursday 4 March 2021.

(ix) The 111 First programme aimed for 20% of unheralded attendances at ED or urgent care centres to be re-directed elsewhere, either through the patient calling 111 or by triage at the front door of the ED. The programme had met this target every week so far.

RESOLVED:

(a) That the update on how the NHS system in LLR managed Covid-19 and the extra pressures over winter 2020/21 be noted;

(b) That LLR CCGs be requested to update the Committee with the results of the further evaluation work into the changes to the NHS 111 service;

(c) That LLR CCGs be requested to provide the Committee with a flow diagram relating to the resilience response structures which had been in place during the Covid-19 pandemic.

41. Covid-19 Vaccination Programme.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) which provided an update on the progress of the Covid-19 vaccination programme in LLR. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs, and Caroline Trevithick, Executive Director of Nursing, Quality and Performance, West Leicestershire CCG.

Arising from discussions the following points were noted.

(i) The vaccine programme was progressing rapidly and currently people in cohort 7 (aged 60-65) were being vaccinated. Whilst overall the programme was going well certain areas of LLR had seen significantly lower take-up of the Covid-19 vaccine than the rest of LLR. In Leicester City these areas were St Matthews, Spinney Hill, Northfield, Crown Hills and St Saviours, in the County they were North West Leicestershire, Charnwood and Thorpe Astley, and in Rutland they were Market Overton, Cottesmore, and Empingham. Investigations were taking place to try and understand the reasons for the lack of take-up in those areas but at the moment it was not clear. Staff from the Public Health department at Leicestershire County Council were assisting with the investigation. Engagement would take place with the local members for those areas when the investigation was complete.

(ii) GP Practice patient lists were used to make the decisions on who to prioritise for vaccination. If a patient was registered with a GP Practice in a different County to that which they resided then they would be called for vaccination in line with the GP Practice they were registered with. However, patients could book their appointment online irrespective of where they were registered with a GP and the national booking system offered patients vaccine appointments within 45 minutes travel of

their home post code therefore it was possible for patients to be vaccinated out of the County they resided in.

(iii) In response to concerns that the vaccination centres in Loughborough and Lutterworth had been closed over the previous week it was explained that they had not been in operation because of a reduction in the supply of vaccines from the manufacturers however supply from the manufacturers was expected to increase again in the coming weeks. Reassurance was given that the planning assumptions indicated that there would be enough vaccine to administer all the required first and second doses. As the planning assumptions had been correct so far it was expected they would be correct again.

(iv) In response to concerns from members that the media were reporting people with asthma were not being made a priority to receive the vaccine it was clarified that people with unstable asthma were being made a priority to receive the vaccine whereas people with stable asthma were not. This was because the evidence base indicated that people with stable asthma were not adversely affected by Covid-19.

(v) The advice from the Joint Committee on Vaccination and Immunisation was that the main risk factor for Covid-19 was age which was why teachers and the fire brigade had not been prioritised to receive a vaccine so far.

(vi) Adult carers would be vaccinated in cohorts 5 and 6. Members pointed out that there were many family members carrying out caring duties even though they were not formally registered as carers. The CCG stated that these people were advised to register as carers as soon as possible so that they could be vaccinated.

(vii) With regards to fictitious messages regarding Covid-19 which were being disseminated on social media a member suggested that community forums could be used to publicise more positive messages about the vaccine and the CCGs agreed to give this consideration.

(viii) There was a target for 100% of NHS staff in LLR to receive the Covid vaccine and so far 80% had been vaccinated. Some staff were hesitant about receiving the vaccine and the main reason given was a fear that it could impact on their fertility. One to one meetings were being held with these staff members to allay their concerns. Focus groups were also taking place. The NHS held data regarding which staff had received the vaccine and the data was able to be broken down into different groups.

(ix) A booster programme for Covid-19 was currently being devised but the details of the programme were not yet known.

RESOLVED:

(a) That the update on the Covid-19 vaccination programme be noted and the progress made so far be welcomed;

(b) That LLR CCGs be requested to provide a further update to the Committee regarding the areas of Leicestershire, Leicester and Rutland where vaccination uptake had been comparatively low and the reasons behind this when the information was available.

42. University Hospitals of Leicester NHS Trust Audit.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which explained the events and background to the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair' and set out the actions being taken to address the issue. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Rebecca Brown, Acting Chief Executive, UHL, Mark Wightman, Director of Strategy and Communications, UHL and Simon Lazarus, Chief Financial Officer, UHL.

Arising from discussions the following points were noted:

(i) Members expressed disappointment that no Non-Executive members of the UHL Trust Board were present at the meeting to explain how the errors in the accounts had occurred and why action had not been taken earlier. Some members suggested that all the Non-Executive Directors on the UHL Trust Board that were in post at the time the errors in the accounts were made should consider resigning, not just the ones that had stepped down from the Board so far. In response it was explained that those Non-Executive Directors that had stepped down were the ones that had oversight of finance. The other Non-Executive Directors led on overseeing other areas of the Trust where performance had been better. It was important to strike the right balance between making Board members accountable for failing to identify that errors were occurring, and retaining some continuity on the Board. The errors in the accounts were very technical therefore any Board members without financial expertise would have found it difficult to identify the problems. To prevent this being an issue in the future the Board now had much more financial expertise and two additional associate Finance Directors had been added to the Board who were both qualified accountants. The new Chair of the Audit Committee was also very experienced in financial matters.

(ii) UHL submitted that the errors in the accounts were the result of the actions of a few individuals and this should not affect the reputation of UHL as a whole as some excellent work was taking place across the Trust. UHL provided reassurance that the errors in the accounts could not occur again because the policies and control procedures at UHL had now been changed and strengthened, a training programme for the finance team had been put in place, and an external Finance Improvement Director was now holding UHL to account. Whilst it was hoped that UHL would be taken out of special measures after 12 months, the emphasis was on instigating a real culture change with regard to finance at UHL rather than coming out of special measures as soon as possible, therefore UHL was prepared to remain in special measures for 18 months if that was what it took to make meaningful changes. UHL were confident that by September 2021 an accurate set of accounts would be reported.

(iii) Members asked that UHL Board members be given training not just to enable them to understand the finances but on how to properly scrutinise the accounts and ask relevant probing questions. Board members should be encouraged to raise any concerns they might have.

(iv) In response to a concern raised by a member that even when UHL's external auditors had raised concerns regarding the accounts no action had been taken by

UHL management to address the problem, it was explained that at the time faith had initially been placed in the finance team to address the issues raised by the internal auditors, however once it became apparent that the finance team had not taken the appropriate action to address the auditor's concerns further action was taken by management.

(v) Every hospital Trust was required to have a local counter fraud specialist in place and PricewaterhouseCoopers (PwC) carried out this function for UHL. The Deputy Director of Finance at UHL was the nominated point of contact for PwC with regards to fraud matters. The errors in the UHL accounts had been referred to the NHS Counter Fraud Authority and they had concluded that no fraud had taken place as there had been no loss to the public purse.

(vi) Concern was raised by a member that as the Governance system regarding UHL finances had been found to be inadequate then the Governance of other aspects of UHL's work could also be ineffective. In response reassurance was given that as part of the current review the Governance across the whole of UHL was being evaluated not just with regards to finance.

(vii) A member raised concerns that the Scrutiny Committee had been given insufficient information and documentation to enable it to scrutinise the matter properly, for example the covering report submitted to the Committee was short and the minutes of the Audit Committee meeting on 27 January 2021 had been redacted. In response it was explained that the minutes were only redacted where a matter was commercially confidential or related to a specific individual. In doing this UHL was following the regulations and not trying to hide anything from the public to avoid scrutiny. Members asked UHL to give consideration to whether private meetings could be arranged with Scrutiny Committee members to enable them to view the confidential information and documents and satisfy themselves that they had been made aware of all the important facts. In response it was agreed that UHL would share with Scrutiny Committee members the private sections of minutes if at all possible. UHL would be presenting it's 6 month FSM review to senior NHS regulators at an upcoming meeting and it was agreed that this document would be shared with the Committee.

(viii) UHL was not aware that the errors in their accounts would have any impact on the £450 million grant from the Government and the UHL Acute and Maternity reconfiguration plans.

RESOLVED:

(a) That the events and background which led to the UHL's Trust Board decision not to agree the 2019/20 annual accounts as 'true and fair' be noted with concern;

(b) That the actions being taken to address the issues regarding the UHL annual accounts be noted and that UHL be requested to provide future updates to the Committee regarding those actions.

43. Chairman's Announcements.

The Chairman confirmed that as per the Terms of Reference of the Committee, from May 2021 Leicester City Council would nominate the Chairman of the Committee for the

following two years and the administration of the Committee would be carried out by Leicester City Council as well during that period.

10.00 am - 12.55 pm
05 March 2021

CHAIRMAN

Appendix B

Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee

Working arrangements and Terms of Reference

1. Membership

The Membership of the Committee shall be made up of 16 voting members – 7 members nominated by the City Council, 7 by the County Council and 2 by Rutland Council. In view of the size of the Committee and the range of its responsibilities, it is considered that there should be no co-opted members.

Each Healthwatch body in Leicester, Leicestershire and Rutland will be invited to send a non-voting representative to the meeting.

Members of the Committee will be appointed by each relevant Local Authority in accordance with its procedures.

2. Chair and Vice-Chair

The position of Chair will rotate between the City Council and the County Council on a two-year cycle. The Vice-Chair will be from the Authority not holding the Chair. The City Council will nominate the Chair for the period May 2021 to May 2023 and the County Council and City Council will then rotate the position of Chair and Vice-Chair in each two-year cycle afterwards.

3. Secretariat

The Secretariat will be provided by the Authority nominating the Chair. The Secretariat will liaise with all three authorities in drawing up the agenda. The Constitution/Standing Orders of the Authority providing the Secretariat will apply to the Joint Committee.

4. Policy Support

Both the City Council and the County Council will each provide an officer to assist the Health Scrutiny Process.

Both officers will liaise with and assist the Secretariat in drawing up the agenda and undertaking or commissioning research from within their respective Councils on behalf of the Joint Committee. Liaison will take place with the nominated officer(s) from Rutland Council.

5. Agenda Planning and Briefing

The Chair and Vice-Chair will be consulted on the agenda. Arrangements will be made for providing information on agenda items to Rutland at an early stage. An agenda setting meeting will be held prior to the main meeting with the Chair and Vice-Chair to which the lead Rutland member will be invited to attend. These meetings may be held virtually.

Any member of the Joint Committee will be entitled to ask for an issue to be placed on the agenda. Any such request should be in writing and accompanied by the reason for raising the item. If appropriate, the Secretariat may discuss with the member whether other means of addressing the issue have been explored and the outcome of this (e.g. has it been raised with the relevant Trust and what response was received). The Secretariat may report on such other means and outcomes to the Joint Committee.

In planning agendas, members will bear in mind the purpose of the Joint Committee, namely, to achieve a co-ordinated response from the three authorities on key issues of common interest within the health agenda and to avoid duplication whilst recognizing that authorities may wish to carry out separate scrutiny exercises in the light of the particular circumstances of their areas and priorities of their authority.

A joint briefing arrangement will be provided for the Chair and Vice-Chair with officer support. The briefing meeting will be held on the same day as the meeting, one hour before the meeting is due to start.

These arrangements will be reviewed periodically.

6. Scope of the Joint Committee

i) The Joint Committee is the appropriate body to be consulted by NHS England on any proposals in accordance with Regulation 30 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The regulation provides that where the appropriate person (NHS England) has any proposals for a substantial development or variation of a health service in an area they must consult the local authority. Where the consultation affects more than one local authority in an area, the local authorities are required to appoint a Joint Committee to comment upon the proposal and to require a member or employee of the responsible person to attend its meeting and respond to questions in connection with the consultation.

The Regulation does not prevent constituent Councils of the Joint Committee considering the issues separately; but it is the responsibility of the Joint Committee to formally respond to the consultation process.

ii) The Regulations also provide that a Council may refer a proposal to the Secretary of State where: -

- it is not satisfied that the consultation has been adequate in relation to content or time;
- it is not satisfied with the reasons given for the change in services; or
- it is not satisfied that that the proposal would be in the interests of the health service in its area.

iii) A referral to the Secretary of State must be made by the full Council of a constituent authority unless the full Council has delegated the function to a Committee of the Council or to the Joint Health Scrutiny Committee.

iv) To scrutinize and comment on the exercise by all other NHS bodies of functions or proposals on a strategic basis which affect the areas of all three authorities.

v) To scrutinize the activities of Health Trusts with responsibility for health service functions across the area of the three authorities (i.e. UHL Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service, Public Health England and the NHS England etc.).

vi) To respond to any consultations by the Health bodies referred to in (i) above, including those which involve a substantial variation in provision of such service.

vii) To respond to other consultations issued by all the NHS bodies which affect the areas of the three authorities.

7. Frequency of Meetings

Meetings of the Committee will generally take place three times a year, but extra meetings may be convened with the agreement of the Chair.

8. Quorum

The quorum of the Committee shall be at least one quarter of the whole number of the Committee. (4)

9. Voting

All decisions will be made by a majority vote of Members present at the Committee. In the event of an equality of votes, the chair will have a second and casting vote. Where a casting vote is exercised this will be recorded in the minutes.

A minority report may be prepared and submitted to the relevant NHS body (or Secretary of State) along with the majority report in the following circumstances: -

(i) when a majority of members of a particular Authority disagree with the findings; and

(ii) when at least one quarter of the members of the joint committee disagree.

10. Referrals

Referrals to the Joint Committee from individual health scrutiny committees should be carefully monitored and the reasons for the referral should be included in any report.

Referrals from Healthwatch should be considered carefully in line with the purpose of the committee to avoid overloading the Joint Committee. The City and County Councils have protocols in place to ensure that referrals are not used as a substitute for other processes.

11. Media/Publicity Protocol

Where possible any press releases or publicity on behalf of the Committee should be undertaken after consulting all Spokespersons. Where this is not possible the Chair and Vice Chair of the Joint Committee will be authorised to issue press releases on the basis that these will be copied/e-mailed to all Group Spokespersons.

Responsibility for public and media relations on behalf of the Committee lies with the Authority responsible for the Secretariat.

12. Access to Information

The Access to Information Procedure Rules laid down by the Host Authority will apply with any necessary modifications. Link to Access to Information Procedure Rules contained in Part 4B of the Leicester City Council's Constitution

13. Interpretation of Rules of Procedure

Subject to the provisions outlined in these working arrangements the Scrutiny Procedure Rules laid down by the Host Authority will apply with any necessary modifications.

Leicester, Leicestershire, and Rutland Joint Health Scrutiny Committee

Work Programme – 2021/22

Meeting Date	Topic	Actions arising	Progress
6th July 2021	1. Analysis of UHL Acute and Maternity Reconfiguration consultation results 2. Covid-19 Vaccination Programme Update	1. The consultation findings were published on 8th June 2021. 2. An update was requested at the March 2021 meeting.	
Potential additional meeting in September 2021	Please note: this meeting may be required for Items 8 and/or 13 listed below in the Prospective Items table.		
16th November 2021	1. Black maternal healthcare and mortality 2. Findings and analysis of Step Up to Great Mental Health Consultation - Leicester, Leicestershire, and Rutland 3. Update on dental services and response to Healthwatch report on SEND children. 4. UHL finances and misstatement of accounts	Item 3 was to be discussed in December 2020 but had to be deferred due to insufficient time. Item 3 has now been updated to refer to a more general update on dentistry, rather than a focus on services offered during COVID due to the time that has elapsed since then. Item 4 is about the update report that was agreed back in March 2021.	
28th March 2022	1. Leicester, Leicestershire, and Rutland Integrated Care System 2. EMAS - New Clinical Operating Model and Specialist Practitioners	Item 2 was due to be discussed in December 2020 but had to be deferred due to insufficient time.	

Prospective Items

Agenda item	Organisation/Officer responsible	Notes
1. EMAS - New Clinical Operating Model and Specialist Practitioners	Russell Smalley, EMAS	This item was on the agenda for the meeting on 14 December 2020 but Russell was unable to present the report so the Chairman suggested the item could come back to a future meeting.
2. Update on dental services and response to Healthwatch report on SEND children.	Thomas Bailey, NHS England	This item was on the agenda for the meeting on 14 December 2020 but Thomas was unable to present the report so the Chairman suggested the item could come back to a future meeting.
3. Community Services/Place based plans overview	Tamsin Hooton, CCGs	It was intended that the high-level strategy would come to the Joint HOSC and the detail on individual areas such as Hinckley/Lutterworth would come to individual HOSCs.
4. Analysis of UHL Acute and Maternity Reconfiguration consultation results	CCGs/UHL	Follow on to reports presented at meetings on 15 October 2020 and 14 December 2021
5. Neuro – Rehabilitation services	CCGs/UHL	Kathy Reynolds asked a question at the JHOSC meeting on 14 December 2020 about Neuro – Rehabilitation services and the Chairman promised to have it on the agenda of a future meeting.
6. LLR NHS System Workforce Group/ Recruitment and Retention/NHS People Plan/Mental Health of workforce	Louise Young, CCGs	The County members wanted an agenda item on NHS workforce to cover recruitment and wellbeing of staff going forward. We thought this was a good item to have at Joint HOSC.
7. Transforming Care – Learning Disabilities and Autism progress update	County/City Council and LPT	This issue came to the meeting on 15 October 2020 and members requested a progress update at a future meeting.
8. UHL finances and misstatement of accounts	UHL	At the meeting on 5 March 2021 it was agreed that UHL would come back to the JHOSC with further updates regarding the actions taken to address the financial issues.

9. Black maternal healthcare and mortality	UHL or CCGs – to be confirmed.	Email discussion regarding the national interest in this issue (MPs debated a petition relating to this on 19 April 2021) and both City and County interest in looking at this issue locally and how mortality rates can be improved.
10. Covid-19 Vaccination Programme Update	CCGs	March 2021 - LLR CCGs be requested to provide a further update to the Committee regarding the areas of Leicester, Leicestershire, and Rutland where vaccination uptake had been comparatively low and reasons behind this.
11. Leicester, Leicestershire, and Rutland Integrated Care System	CCGs	LLR CCGs successfully applied to become one single CCG by 31st March 2021 ready for organisational change on 1st April 2022.
12. Findings and analysis of the Step Up to Great Mental Health Consultation - Leicester, Leicestershire, and Rutland	CCGs	Consultation (ends 15 August 2021) about proposals to invest and improve adult mental health services for people in Leicester, Leicestershire, and Rutland when their need is urgent, or they need planned care and treatment. Agreed that an item on this while the consultation is live, is not required for this Commission as sufficient engagement is being conducted with Members individually for this.
13. UHL: report on responding to waiting times and backlog	UHL	A report to be circulated to Commission Members by the end of July. This will determine which meeting this should go to.