



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 16 MARCH 2023 at 5:30 pm

P R E S E N T :  
Councillor Pantling (Chair)  
Councillor Aldred  
Councillor Khan  
Councillor O'Donnell

In Attendance:  
Councillor Dempster, Assistant City Mayor - Health

Also Present:  
Prof. Ivan Browne – Director of Public Health  
David Williams – LPT  
Rob Howard – Public Health  
Clare Mills – Public Health  
Colin Cross – LPT  
Julie Hogg – Chief Nurse UHL  
Rachna Vyas – Chief Operating Officer UHL  
Laura French – Public Health

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**57. APOLOGIES FOR ABSENCE**

The Chair welcomed those present and led introductions.

Apologies for absence were received from Ruth Lake.

**58. DECLARATIONS OF INTEREST**

Members were asked to declare any pecuniary or other interest they may have in the business to be discussed.

There were no such declarations.

**59. MINUTES OF PREVIOUS MEETING**

Due to a delay in their production the minutes of the last meeting were not received.

AGREED:

That the minutes of the previous meeting be circulated to Members as soon as practically possible and brought to the next meeting for approval.

## **60. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS**

Nothing to report at this time.

## **61. PETITIONS**

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

## **62. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

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

## **63. NHS URGENT AND EMERGENCY CARE UPDATE**

Members of the Committee received a report providing an overview of the urgent and emergency care system through the peak winter months.

Rachna Vyas Chief Operating Officer presented details of key actions from the Leicester, Leicestershire, and Rutland winter plan as well as outlining preparation for 23/24 and lessons learnt to inform one-year and five-year plans across LLR.

Attention was drawn to the following points:

- System Control Centre (SCC) was launched on 1 December 2022 as per national directive, this would act as a single point of contact for health partners to manage the flow of patients through the system on a daily basis as well as providing for escalation, operational support and reporting purposes.
- Whilst demand had stabilised through the start of Q4, all parts of the system remained busy in terms of acuity and demand.
- Primary care continued to be under pressure and an unprecedented number of walk-in presentations in emergency dept. had been seen. Steps were taken to address that with an additional 1,577 appointments provided during December to minimise overcrowding ED and streaming patients presenting with specific conditions to an offsite primary care provider. The impact of that had been significant.
- There had also been a focus on providing respiratory support for adults and children with the trial of Acute Respiratory Hubs that had provided almost 9.5k appointments. Feedback showed these were easily

accessible and people were not having to seek support elsewhere.

- The Unscheduled Care Coordination Hub was a positive step to taking patients who were appropriate to be seen elsewhere off ambulance queues leading to a reduction of between 20-40 people on a daily basis.
- Virtual wards had been introduced across 10 specialities and this was giving people ability to be cared for in their own home with support as needed.
- Delayed discharges were at the 2<sup>nd</sup> lowest in the country and an integrated discharge function across health and care services had launched in February 2023 to support and facilitate patients being discharged.

Members discussed the report which included the following comments:

- The government short term funding had been received at the beginning of the year which enabled the service to plan better however health partners welcomed any support from members to get sustainable income going forward.
- As regards the Virtual Ward, it was necessary for the person to have internet, however a full assessment was made with the patient and their carer to ensure that they had the right equipment, if they did not have a network link it did not necessarily exclude them, but the team were working patient by patient to ensure the right needs were met.
- In terms of virtual care leading to isolation, contact was maintained with the patient on a daily basis, and they could also phone and speak to a nurse for advice and assurance.
- Regarding patient vulnerabilities and people at risk, there would be an appropriate conversation as part of the assessment to determine suitability for virtual wards, and it was recognised that virtual wards were not for everyone. A series of short videos were available explaining what a virtual ward is and showing some case studies of people from varied backgrounds.
- In relation to risks posed by industrial action, there was always some impact however lessons had been learnt from previous action and it was about assigning resources to the right place at the right time. Initiatives such as the Unscheduled Care Coordination Hub that helped reduce ambulance waiting had a huge impact enabling resources to be where they need to be to ensure patients get the right care.

Members discussed the pressures on nursing staff and concerns were raised about the risks to patients as a result and the need to ensure patient dignity. Members also felt it was important to recognise nursing staff and medical professionals and to do more to stop qualified staff leaving. Feedback on patient care was welcomed and it was acknowledged that it had been a difficult winter with pressures on all services, it had also been necessary to open wards in environments where perhaps they would not normally want to but there had also been investment to improve things and recruitment was ongoing to increase medical staff.

The Assistant City Mayor referred to the recent Health & Wellbeing Board

meeting which focused on winter preparedness and commented on the work being done by health partners and noted the partnership building with adult social care and the positive effects of that work upon delayed discharges. The work being done in the emergency dept was also recognised and the initiative to stream to offsite primary care was commended as too were the steps taken to redirect people calling 999 for ambulances who could be seen by other services.

Whilst members welcomed the initiatives reported it was suggested there was more that could be done to improve people's perceptions about health services and there should be wider communication about new initiatives e.g., the virtual wards as it was likely the majority of people in the city had no idea what that was. Members also felt it was important that new pathways created, and the way things were done should be translated into better communication to build peoples trust in those services.

Members noted that in terms of planning ahead, each year health partners began to plan around August however this year's winter plan was already written taking on board the learning from winter 2022-23 and so health partners were in a position to put some of the services used this year into a more sustainable position and ensure the basics would be ready for next winter.

The Chair thanked officers for the presentation, noting the very positive outlook and asked for a report to be provided to a future meeting to see progression.

**AGREED:**

1. That the contents of the report be noted,
2. That a letter of representation be sent to the Secretary of State in relation to sustainable funding and to include concerns about medical staff morale and to request more support,
3. That consideration be given to including a future piece of work around NHS Cultural Change on the committee work programme or as a Member Briefing.

**64. MATERNITY SERVICES UPDATE REPORT**

6.30pm Councillor O'Donnell left the meeting. The meeting remained quorate with 3 members present.

Members of the Committee received a report providing an update on maternity services following the publication of the Ockenden and Kirkup reports, and the maternity services current performance including reference to the Perinatal Surveillance Scorecard.

Julie Hogg, Chief Nurse UHL introduced the report reminding members of the previous update and the ongoing progress with compliance expected against the immediate and essential actions.

Members were advised that UHL continued to implement and embed the actions and overall, there had been good progress, although there was still

work to do on 3 of the actions following the Insight Visit: Listening to women and families; Staff training and working together; Informed Consent.

Members considered the report and noted the following comments:

- As far as provision for physical and mental support of young mums there was a team that looked after the caseload of women with vulnerabilities and that included young mums. The team were responsible for ensuring continuity of care throughout and to build trust and confidence with those women.
- All women including younger mums and those in care were given a risk assessment and their care was tailored to them. Midwives provided care in the home or at a hub on a personalised basis to match the care to the needs of the woman.
- In relation to pregnant refugee and asylum seekers there was a clear pathway and guidance in place, and there was raised awareness that these women were seen in adverse outcomes as some of this group were from overseas and they hadn't sought maternity care.
- Maternity Voices Partnership (MVP) was very important, and the experience was made better for women if they were able to talk within local communities about the services available. MVP encouraged people to come to maternity services and could help improve outcomes by changing pathways for women that engaged.
- A key change as a result of the Ockenden report was around the experience and treatment of those suffering still birth and there was now in place a full team every day.

The Chair thanked officers for the report and noted there were several other areas reflected in red on the Perinatal Surveillance Scorecard that required improvement and requested a further update on that in due course. The Chair also commented on the experience of those suffering still birth and noted that the treatment from hospital was excellent and this was an important area of care.

AGREED:

1. That the contents of the report be noted,
2. That a further update report, including the points specifically requested above, be provided to a meeting of the commission in the new municipal year.

## **65. 0-19 HEALTHY CHILD PROGRAMME CONSULTATION**

Members of the Committee received a report providing an update on the recommissioning of the Healthy Together (0-19 Health Child Programme) service and the ongoing public consultation.

Clare Mills, Public Health Lead Commissioner and Colin Cross, Leicestershire Partnership Trust (LPT) introduced the report providing insight to the range of services in the Healthy Together package and the proposed changes to the service specification that would help improve and streamline the service.

Members noted the need to save money and how the £200,000 budget cut would be managed as well as changes at a national level to High Impact Areas. Members also noted that an engagement exercise had been carried out over 18 months listening to the views of young people and parents to help shape the proposed changes. The key changes proposed were currently out to public consultation until 9<sup>th</sup> April 2023 and a number of events were taking place to encourage wider feedback.

Members were advised of the process undertaken to help determine the best and most cost effective provider for services, which included the proposal to recommission via section 75 (NHS Act 2006), noting that a marketing event had taken place and expressions of interest had been invited. Three organisations including the LPT responded and LPT was recognised as a strong contender. There was also considerable discussion with other, as well as past involvement working with LPT that had been good which was taken into account when deciding the best way was to continue to work with LPT.

In terms of the consultation taking place, this was in two parts, one was focusing on the 0-19 offer and the second was very much about capturing the young person's voice and had been simplified and carefully worded for younger people to understand. So far there was not a high response from younger people and there had been further talk with the Youth Advisory Board on the approach to take and the team would be looking to young people groups directly to get their feedback and continue working hard to give young people a voice in the consultation.

As regards the provision of mental health support it was informed that school nurses offered low level support which was more around emotional support and through the LPT young people could have access to other services that support mental health, and this was very much integrated into the offer.

In terms of the budget reduction of £200k, it was acknowledged there was always a risk when taking money out of a budget and this was a significant reduction however the service specification had been thoroughly reviewed and considered to ensure that essential and equitable services could be safely provided.

In relation to s75 NHS Act 2006, it was explained that this allowed flexibilities to enable NHS organisations and local authorities to use partnership agreements so they can respond more effectively to improve services. In terms of how such a partnership would operate between LCC and LPT, it would bring about flexibility to take action quicker, enable the service to be more responsive to situations and changes and to have the ability to adapt services e.g. if there was an issue around school readiness then the service would be able to put something in place quickly to address that; or if there was an underspend then it could be re-allocated instead of being lost.

The Chair thanked officers for the report and requested an update on the outcome of the consultation in due course.

AGREED:

1. That the contents of the report and the recommendations regarding the service specifications and public consultation be noted.
2. That an update report on the outcome of the consultation be provided to a meeting of this commission in due course.

## **66. SEXUAL HEALTH SERVICES CONSULTATION**

Members of the Committee received a report providing details of the Sexual Health Services public consultation together with the interim results and proposed next steps.

Laura French, Public Health Consultant introduced the report providing background information about the service area, the process for accessing sexual health services and noting that this was a complex wide ranging service involving contraception, family planning, sex education, and the psycho sexual counselling service amongst other things.

Members noted that:

- The current contract for providing sexual health services to the city was due to end in March 2024 and the process of re-procurement had begun.
- Although there was a mandatory period of consultation a lot of work had been done to encourage engagement online.
- The online consultation survey opened on 12 January 2023 and closed on 12 March 2023
- To date the response rate showed over 200 responses from mostly members of the public but also from some organisations and professionals.
- Responses had been received from a wide range of age groups although the majority were 18-25 years old and female, however it was to be noted that a lot of people had chosen not to answer the gender questions.
- A series of face to face engagement events had been carried out and it was expected there would be more of that with community groups and facilitated through the community champions network.
- Answers reflected peoples preference for flexibility of access i.e., online and a mixture of drop-in and fixed appointments, other responses had highlighted the need for better communication of the services available and how people could access that i.e., getting an implant or obtaining free condoms.
- The main consultation was now closed, and the results would be compiled into a detailed report alongside other feedback and outcomes.

The Chair thanked officers for the report and welcomed the inclusion of comment boxes in the consultation rather than just tick boxes.

There was a brief discussion about the suggestion of young people accessing free condoms through vending machines, where those would be sited and

whether the opportunity for conversation e.g., about safe sex practices was being lost. It was acknowledged there was always a balance to be had and that safeguarding was an important element however access to sexual services needed to be non-threatening to encourage people to use them. The use of vending machines was not hugely sophisticated, and the service would take some minimum information about the person like name and date of birth, but it was about balance and overall, it was better to have access to the condoms than not accessing the service. It was important also to maintain an ongoing dialogue with young people and this was being done through schools to maintain safe sexual habits. It was noted that the clinic within the Haymarket Centre worked well being in the city centre as people could visit easily and discretely.

The Chair thanked officers for the report.

AGREED:

That the contents of the report be noted.

## **67. LEICESTER , LEICESTERSHIRE AND RUTLAND CHILD DEATH OVERVIEW PANEL - ANNUAL REPORT**

Members of the Committee received the Annual Report of the Leicester, Leicestershire and Rutland Child Death Overview Panel for the period 2021-22.

Rob Howard, Consultant in Public Health and Chair of the Child Death Overview Panel (CDOP) introduced the report and advised members of the Child Death Overview Panel's statutory duty to review all deaths of children normally resident in the area and to produce an annual report.

Members attention was drawn to the following points:

- The purpose of a review was not an investigation as other investigations were conducted through the police and coroner.
- The CDOP review was the final part looking at the story of what happened to that child and supporting the family through the worst possible circumstances and identifying if there was any learning that could come out or whether there were any moderation factors that could be put in place to prevent another death.
- The number of child deaths during 2021-22 were higher than the previous few years, and although there was some concern at that it was noted that the panel now looked at all deaths no matter the gestation age whereas before there was a cut-off point.
- Another factor to the number of deaths could be seen around covid and the lock downs in that during the lock down there were fewer deaths among children with life limiting conditions as they were not dying from secondary causes but as society re-opened there was exposure to more infections and that has led to a rise in deaths.
- A rise in infant mortality had been seen in the city, this was an indicator



of the health of the community and a direct link to deprivation which had increased over 10 years of austerity and was being looked at in detail.

- The common modifiable factors, e.g., parental smoking and smoking in the home, maternal obesity leading to complication in pregnancy, and unsafe sleeping practices especially where people were out of a routine.

Members noted that Safe Sleep Week had recently taken place and a video about keeping young ones safe had been produced “Live Well Little Ones”.

Members also noted that the report looked at suicide and self-harm; although numbers were relatively small those cases were audited, and consideration given to how services for families could be improved.

Members expressed alarm that around 1 in 5 deaths could be avoided if children lived in less deprived areas. There was a discussion about inequalities and how the impact of events like covid, cost of living and deprivation lead to fundamental and deep seated issues around equity.

Members felt it was crucial that this data and knowledge was shared to show it was not all right for these deaths to be happening in society.

Members noted that as a local authority, in terms of what it was trying to do with services within the resources available it was still prioritising and focusing on this area to address the situation.

The Chair thanked officers for the report and commented that during the next cycle of meetings the commission would like to explore further the issues of inequity, people not living well and the detrimental effect on mortality as well as mental health, suicide, and self-harming amongst young people.

AGREED:

That the contents of the report be noted.

## **68. WORK PROGRAMME**

The contents of the Work Programme and suggestions made during the course of this meeting for inclusion at future meetings were noted.

## **69. ANY OTHER URGENT BUSINESS**

None notified.

## **70. CLOSE OF MEETING**

As this was the last meeting of the municipal year the Chair took the opportunity to thank members of the committee, officers and external stakeholders for their contributions to the meetings during the year.

Councillor Aldred expressed thanks to the Chair for her handling of the

meetings and extended that thanks to the Executive Member, the Director of Public Health and the public health team.

The Chair also thanked the democratic services and scrutiny teams for their support provided to meetings.

The meeting closed at 7.40 pm.