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

DATE: **MONDAY, 16 JUNE 2025**
TIME: **10:00 am**
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 Pickering (Chair of the Committee)
Councillor Agath
Councillor Haq
Councillor March
Councillor Sahu
Councillor Singh Johal
Councillor Westley

Leicestershire County Council

Councillor Hill (Vice-Chair of the Committee)
Councillor Crook
Councillor Durrani
Councillor King
Councillor Knight
Councillor McDonald
Councillor Poland

Rutland County Council

Councillor Harvey
Councillor Stephenson

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

For Monitoring Officer

Officer contacts:
Katie Jordan / Kirsty Wootton (Senior Governance Support Officers):
e-mail: katie.jordan@leicester.gov.uk / Kirsty.Wootton@leicester.gov.uk

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If you have any queries about any of the above or the business to be discussed, please contact: katie.jordan@leicester.gov.uk or Kirsty.wootton@leicester.gov.uk of Governance Services. Alternatively, email committees@leicester.gov.uk, or call in at City Hall.

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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 LCCCG ELCCG WLCCG	Clinical Commissioning Group Leicester City Clinical Commissioning Group East Leicestershire Clinical Commissioning Group 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:

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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 THE PREVIOUS MEETING **Appendix A (Pages 1 - 12)**

The minutes of the meeting held on 17 March 2025 have been circulated and the Committee is asked to confirm them as a correct record.

4. COMMITTEE MEMBERSHIP 2025-26

Members are asked to note the membership of the committee for 2025-26 to note as follows:

City Council representatives
Cllr Karen Pickering (Chair)
Cllr Nags Agath
Cllr Zuffar Haq
Cllr Melissa March
Cllr Liz Sahu
Cllr TBC
Cllr TBC

County Council representatives

Cllr Dr Sarah Hill (Vice Chair)
Cllr Kevin Crook
Cllr Moinuddin Durrani
Cllr Phil King
Cllr Kerry Knight
Cllr John McDonald
Cllr James Poland

Rutland County Council representatives
Cllr Lucy Stephenson
Cllr Samantha Harvey

5. TERMS OF REFERENCE **Appendix B (Pages 13 - 20)**

Members are asked to note the Terms of Reference and working arrangements for the Committee as attached at Appendix B.

6. DATES OF MEETINGS

Members are asked to note the dates of meetings for 2025-26 as follows:

- Monday 16th June 2025, at 10am
- Thursday 27th November 2025, at 10am
- Monday 23rd February 2026, at 10am.

7. PETITIONS

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

8. QUESTIONS, REPRESENTATIONS AND 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

9. NHS TRANSFORMATION **Appendix C (Pages 21 - 26)**

The Senior Communications & Public Affairs Lead for Communications and Engagement team at NHS Leicester, Leicestershire and Rutland submits a report on the NHS Transformation.

10. PILOT DIGITAL PROJECT

The East Midlands Ambulance Trust will present the Commission will a verbal presentation on a current Digital Pilot Project.

11. SHARED CARE RECORD

The Leicester Partnership Trust will give the Commission a verbal presentation on Shared Care Records.

12. MEMBERS QUESTIONS ON MATTERS NOT COVERED ELSEWHERE ON THE AGENDA.

Members are invited to ask any questions that are not covered elsewhere on the agenda.

13. WORK PROGRAMME

Appendix D (Pages 27 - 28)

Members will be asked to note the work programme and consider any future items for inclusion.

14. ANY OTHER URGENT BUSINESS

Appendix A

Minutes of a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee held at County Hall, Glenfield on Monday, 17 March 2025.

PRESENT

Mr. J. Morgan CC (in the Chair)

Cllr. S. Bonham
Mr. N. Chapman CC
Mr. M. H. Charlesworth CC
Cllr. Zuffar Haq
Ms. Betty Newton CC
Cllr. R. Payne
Mr. T. J. Pendleton CC
Cllr. K. Pickering
Cllr R. Ross
Cllr. L. Sahu
Mrs B. Seaton CC

In attendance

Harsha Kotecha – Healthwatch Leicester and Leicestershire
Janet Underwood – Healthwatch Rutland
Ben Teasdale, Associate Medical Director, UHL (minutes 26 and 32 refer)
Alice McGee, Chief People Officer, ICB (minute 33 refers)
Melanie Thwaites, Head of Women's, Maternity and Neonatal Transformation, Integrated Care Board (minute 34 refers).
Katie Connor - Women's Programme Manager, Integrated Care Board (minute 34 refers).
Laura French - Consultant in Public Health and Women's Programme Champion, Leicester City Council (minute 34 refers).
Hollie Hutchinson - Public Health Specialist and Women's Programme Champion, Leicestershire County Council (minute 34 refers).

25. Minutes of the previous meeting.

The minutes of the meeting held on 27 November 2024 were taken as read, confirmed and signed.

26. Question Time.

The Chairman reported that ten questions had been received under Standing Order 35.

Questions asked by Cllr Bob Waterton:

1. In relation to the UHL hospital reconfiguration scheme (Our Future Hospitals), please could you tell me how much has been spent on the scheme so far by the Trust or by the local NHS? In particular, please could you also tell me how much has been spent on enabling costs?

2. Please could you tell me whether it is now likely that the scheme will be altered as a result of the delay in starting the building work and the inevitable increases in its costs?

3. Have there been any indications that private capital is being considered for the scheme?

Reply:

1. The Leicester scheme has expended £24m to date and £4.7 is attributable to enabling works.
2. There is always the potential that the needs of the local community and the Trusts clinical strategy may result in changes as a consequence of delay. However there are no immediate plans to change the Programme scope at this point in time.
3. No not at the moment. This will be directed centrally through the New Hospitals Programme (NHP).

Supplementary Questions

2. Paragraph 7 of the report UHL submitted for the meeting under agenda item 8 refers to consolidation of sites. What is being considered regarding the consolidation of sites and is consolidation before 2032 being considered?
3. If private capital was required for the UHL Future Hospitals scheme would the New Hospitals Programme, run by the Department of Health and Social Care, be responsible for sourcing and allocating it?

Reply by Ben Teasdale, Associate Medical Director, UHL

2. UHL has constructed East Midlands Planned Care Centre and the ongoing plan is to increasingly use the Leicester General Hospital site for high volume, low complexity, care.
3. There have been no indications from the Department of Health and Social Care regarding the involvement of private capital.

Questions asked by Jean Burbridge:

1. Following the decision by the government to postpone the construction start of the planned local hospital reconfiguration scheme (now called Our Future Hospitals) has UHL made representations to the DHSC regarding the consequences of the delay for a) the state of the estate and b) the effect on the safe care of patients?

2. Will enabling works continue or are they being paused?

3. Will the design and planning teams for the local scheme be stood down / mothballed or are they able to continue their work?

Reply:

1. There has been no formal representation to DHSC at this point.
   With regards to the impact on the estate NHP have requested information regarding the impact of delay.

   With regards to the clinical impact the Trust has embarked on a piece of work to review and understand current risk mitigations and the ability to continue to manage those in the longer term.

2. All works are paused until 2028 unless New Hospital Programme inform us otherwise.

3. There will be a small team retained to deliver on-going capital works that are funded through alternative capital routes.

Questions asked by Mr Godfrey Jennings:

1. With regard to the Our Future Hospitals scheme, has UHL conducted an analysis of the possible dangers to the safe treatment of patients between now and the expected start date for construction? Is this analysis in the public domain and please could a copy be provided?

2. When was the most recent Six Facet Survey conducted on the UHL estate and is it in the public domain?

3. What are the main pressure points in the hospital estate which are likely to disrupt the safe and timely care and treatment of patients?

4. Has the Trust estimated the likely cost of addressing these pressure points to ensure care and treatment of patients can continue safely? If so, what is this cost?

Reply by the Chairman:

1. With regards to the clinical impact the Trust has embarked on a piece of work to review and understand current risk mitigations and the ability to continue to manage those in the longer term. This is not currently available for release, as it is an ongoing piece of work.

2. The most recent facet survey was undertaken in 2024 and covered three facets; Physical Condition, Statutory Requirements and Environmental Management. The most recent full six-facet survey prior to this was completed in 2017. The data is published via the Estates Return Information Collection by NHS England each year.

3. The biggest estate risks which the Trust carries are around the ageing condition of critical infrastructure. For example, site-wide electrical services

and ventilation plant which are significantly beyond their service-life and don't provide adequate resilience in the event of a break-down. Beyond this, the estate is also very inefficient with limited investment available for fabric improvements to drive down the cost of operating the estate and reducing carbon emissions.

4. The cost of mitigating these risks is represented through the Trusts backlog value; which currently totals £125.7m; of which around £37m would be addressed through the Our Future Hospitals Programme. This cost is the material cost only, so actual rectification costs would be circa 300% of this value.

Supplementary Questions:

1. When will the analysis of the possible dangers to the safe treatment of patients be completed and will it be placed in the public domain at that point?

3. Would an early refurbishment of existing estate be better for patients rather than waiting for the New Hospitals Programme?

4. What is the estimated cost of additional problems with the estate which could be expected between now and 2032?

Reply by Ben Teasdale, Associate Medical Director, UHL

1. We expect the review to be completed within 3 months and it will be available to the public via Trust Board minutes.

3. That is not an easy question to answer. It would depend on the availability of capital for enabling works and the clinical review from an estates' perspective.

4. Ben Teasdale stated he was unable to answer this question personally but would consult colleagues and provide a written answer after the meeting.

27. Questions asked by Members.

The Chairman reported that seven questions had been received under Standing Order 7.

Question by Cllr. Ramsay Ross:

Staff Vaccination Policy and Absence

In early January 2025 it was reported in the media, that the take-up of the flu vaccine amongst NHS staff in England was less than 30%.

Clearly such a level of take-up will have an impact upon staff absence levels, the requirement for agency staff recruitment and potentially, the welfare of patients.

My questions are:

a) What has the current take-up been in 2024/25 within the ICB/UHL?

b) What changes, if any, have been made over the past 2 years to increase staff take-up?
c) What is the ICB / UHL policy for its employees?
d) What is the ICB/UHL policy for patient-facing agency staff

Reply by the Chairman:

I have received the following information in answer to the questions:

a) LLR ICB – Due to how the NHS Federated Data Platform (FDP) data is provided by NHS England we are unable to get specific staff flu vaccine uptake data for LLR ICB staff. We can however report that in LLR as a whole system (ICB, UHL and LPT), frontline staff (clinical and non-clinical) flu uptake based on electronic staff records (ESR) in Autumn/Winter 2024/25 is 38%.

UHL – (based on NHSE FDP data) flu vaccine uptake in A/W 2024/25 is 36.1%.

LPT – (based on NHSE FDP data) flu vaccine uptake in A/W 2024/25 is 43%

By comparison the midlands staff flu uptake level is 38.5% and national staff uptake level is 40.9%.

b) Within LLR each organisation has done a lot of work to encourage staff vaccine uptake. Each year ahead of the Autumn / Winter vaccine roll out the previous year's performance is evaluated, and staff feedback is taken into account as part of developing the upcoming staff vaccine campaign.

Staff are kept informed about vaccinations via an internal campaign that is developed and led by each organisation which includes extensive internal comms, senior and clinical leaders telling their stories and doing proactive staff engagement. There has also been the additional offer of roving clinics and promotion of the extensive range of community locations too.

The LLR ICB also supports the two trusts in LLR to share further messages out to staff including on site vaccination opportunities at County Hall which is made available via the Roving Healthcare Unit (RHU). The RHU operates as a walk-in vaccine clinic and is open to all NHS and LA staff that are either based at County Hall or that are able to attend the site.

All LLR ICB staff are also regularly informed about all locations and ways they can obtain their flu vaccine outside the workplace. It is important to note that some staff do have their flu vaccine in community settings such as at their local pharmacy which will not be recorded onto their staff record.

UHL and LPT offer vaccines through roving clinics across our sites, attending large face-to-face events and meetings, including inductions, and asking staff groups to invite us to do local vaccination clinics. LPT has an extensive peer vaccinator network and a small group of dedicated vaccination staff and UHL has delivered a communications campaign to increase uptake and has carried

out roving and pop-up vaccination clinic across its sites carried out by peer vaccinators and a dedicated vaccination team.

This data is correct as of cop Wednesday 12 March 2025.

(c) All LLR ICB colleagues are offered the flu vaccine.

All frontline health care workers at LPT and UHL (permanent, bank and agency), including both clinical and non-clinical staff who have contact with patients, are offered - and encouraged to take up the flu vaccine in line with UK government/JCVI recommendations. This offer remains open until the end of March 2025. The staff vaccination policy supports the system to ensure we have safe services with regards to infection prevention control and minimising staff sickness.

d) All LLR ICB employees are offered and encouraged to take up the flu vaccine, including all patient-facing agency staff

All frontline health care workers at LPT and UHL (permanent, bank and agency), including both clinical and non-clinical staff who have contact with patients, are offered - and encouraged to take up - the flu vaccine in line with UK government/JCVI recommendations. This offer remains open until the end of March 2025.

Supplementary Question:

Cllr. Ross noted that the UHL absence rate was 5.47% in October and 5% in the year. He asked whether there was a proper demonstration of leadership by UHL in encouraging staff to take up vaccinations.

Reply by the Chairman:

The Chairman offered to provide a written reply to Cllr. Ross after the meeting.

Question by Cllr. Ramsay Ross:

I requested, prior to this meeting, that the JCRUP (Joint Capital Resource Use Plan) for 2025/26 be included in the document pack for Committee Members, but this has not been forthcoming.

Can you please explain:

(i) The current approval status of the document.

(ii) When it is required to be submitted to Govt in its completed form.

(iii) When the document will be made public, or in the event that the document is not to be made public by the ICB, will provision be made for this Committee to have early sight of the document?

Reply by the Chairman:

(i) The current document is in draft format and is currently being reviewed.

(ii) It is due to be submitted as part of overall system operational planning over the coming weeks and due to be finalised end of April.

(iii) The document will be made public once approved through the public Board post April sign off and before the 30th June deadline.

Please see previous years ICB Joint Capital Plan which is on the website: https://leicesterleicestershireandrutland.icb.nhs.uk/publications/

28. Urgent items.

There were no urgent items for consideration.

29. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. M. E. Newton CC and Mrs. B. Seaton CC both declared non-registerable interests in all substantive agenda items as they had close relatives that worked for the NHS.

Mr. R. Hills CC declared a registerable interest in all substantive agenda items as he worked for NHS England.

Cllr. L. Sahu declared a registerable interest in agenda item 9: LLR Health and Care People Plan as she was the programme lead for the Care Leavers (Universal Families) Programme.

30. Declarations of the party whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

31. Presentation of Petitions.

The Chairman reported that no petitions had been received under Standing Order 36.

32. UHL Our Future Hospitals.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an update on UHL's Our Future Hospitals Programme which was part of the Department of Health and Social Care's New Hospital Programme. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Teasdale, Associate Medical Director, UHL.

Arising from discussions the following points were noted:

(i) The funding from the New Hospitals Programme for hospitals in wave 2, which UHL was, had been put on a 'hard stop'.

(ii) Some positivity could be taken from UHL's position in the New Hospitals Programme compared to other hospital Trusts, in that the construction start time for UHL was ahead of all the other hospitals in Wave 2. The hospitals in Wave 1 were the hospitals built using Reinforced Autoclaved Aerated Concrete (RAAC) which were understandably being prioritised due to the risks they posed, but UHL was next in line after those.

(iii) The New Hospital Programme and the 15-year capital funding pipeline only included the 3 hospitals in Leicester, not other hospitals in Leicestershire such as Loughborough hospital for example.

(iv) With regards to clinical risks arising from the delay in the New Hospitals Programme a series of workshops were being set up with colleagues including medical, nursing, allied health professional and operational leaders at specialty and CMG level. The sessions were clinically led, coordinated by the Our Future Hospitals Team and would include key corporate leads for digital and improvement. The review commenced in March 2025 and would continue throughout spring 2025 and be completed by the end of June 2025.

(v) Split site maternity and neonatal services had been identified as a clinical risk. Consideration would be given to how these risks could be mitigated. It was considered by UHL that were the sites to be consolidated then safer care would be able to be provided, though it was noted that there had been some public opposition to the proposed closure of St Marys Birth Centre in Melton.

(vi) In response to concerns raised about urological surgery being conducted at Leicester General Hospital without there being level 3 beds at the hospital, reassurance was given that the surgery was currently being conducted at Glenfield Hospital. Were a patient to be receiving surgery at Leicester General Hospital and something to go wrong they would be placed into the High Dependency Unit (HDU) at LGI until they had stabilised and could be transferred to another hospital.

(vii) It was not yet clear what impact the abolishing of NHS England could have on the New Hospitals Programme.

RESOLVED:

That the update on UHL's Our Future Hospitals Programme be noted with concern.

33. LLR Health and Care People Plan

The Committee considered a report of the Integrated Care Board (ICB) which provided a summary of the programmes of work, and the approach to a refreshed Leicester, Leicestershire and Rutland (LLR) People Plan. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed Alice McGee, Chief People Officer, ICB to the meeting for this item.

Arising from discussions the following points were noted:

(i) Work took place to attract young people to work in health and social care and particularly to working in LLR. There were entry experiences for young people and videos of what it was like to work in the sector. Work also took place regarding branding, minimum standards and what to expect from a job in healthcare. However, there was a lack of consistency between Trusts.

(ii) For the local authority and independent sectors for 2023/24 the turnover rate was 23.7% which was below the national average and had been decreasing over the previous 4 years. However, it was higher than the NHS turnover rate which was around 10% depending on the sector. The Department of Health and Social Care recognised the negative impact of high turnover rates and work was taking place with a national organisation called Skills for Care regarding attracting and retaining staff.

(iii) The ICB had been given a target to reduce overheads by 50% by the end of the year.

(iv) In LLR 27% of workers were on zero hours contracts. There was a national strategy around reducing zero hours contracts, however in LLR it was believed there was a place for zero hours contracts as they suited some employees.

(v) It was not yet clear what impact the abolishing of NHS England could have on the LLR People Plan.

RESOLVED:

That the update regarding the LLR People Plan be welcomed.

34. LLR Women's Health Programme

The Committee considered a report of the Integrated Care Board (ICB) which provided an update on the Women's Health Programme across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Melanie Thwaites, Head of Women's, Maternity and Neonatal Transformation, ICB, Katie Connor, Women's Programme Manager, ICB, Laura French, Consultant in Public Health and Women's Programme Champion, Leicester City Council and Hollie Hutchinson, Public Health Specialist and Women's Programme Champion, Leicestershire County Council.

Arising from discussions the following points were made:

(i) In response to an observation that the Women's Health Programme was focused towards younger women, it was explained that it was a 10 year programme and whilst at the moment it focused on the key elements of the national Women's Health Strategy, in future years the focus would widen to the full life course.

(ii) With regards to a comment about a lack of publicity in Rutland regarding Women's Health Hubs, it was explained that each individual Hub had been

responsible for its own public communications. In response to a query as to whether a woman could refer herself directly to a Women's Health Hub it was explained that the Rutland Hub was only accessible through GP Practices currently, but an end of year review would be taking place and consideration would be given to widening out access in year 2. The Leicester City Hub had a policy of not turning women away. The benefits of women being able to self-refer into services were acknowledged by the Women's Health Programme. Currently women were able to self-refer into sexual health services and going forward it was hoped more self-referral would be able to take place using technology such as the NHS app but the technology would take time to implement.

(iii) A member raised concerns about women living on their own and the negative impacts of loneliness. The member suggested that more needed to be done to publicise what social activities and support services were available. The Leicestershire County Council Health Overview and Scrutiny Committee had recently considered a report from the Director of Public Health regarding the work that took place regarding social isolation and loneliness in Leicestershire including the work of Local Area Co-ordinators. Reassurance was given that a number of NHS workstreams also tackled social isolation. It was also noted that the voluntary sector did a lot of work in this regard. The Women's System Partnership would be linking in more with the VCSE. It was suggested that at a future meeting the Joint Health Scrutiny Committee could consider a report regarding the work the NHS carried out with regards to isolation i.e. the social prescribing model across LLR and its effectiveness in directing patients/public to services.

(iv) Concerns were raised that perinatal mental health inpatient services were no longer being provided in LLR. In response it was explained that there were no plans to reintroduce those services but there were plans to provide an expanded community perinatal mental health service.

(v) In response to a query as to whether there was a freeze on band 5 midwives coming into the service it was agreed that this would be checked with UHL and clarification provided after the meeting.

(vi) In response to concerns raised about the adequacy of measures in place to help wheelchair bound women with cervical smear tests and a lack of knowledge and data about the scale of the problem, it was agreed to check this point with the Cancer Partnership and provide further detail after the meeting.

(vii) Concerns were raised that the number of women who died during pregnancy was the highest in 20 years and also that black women were four times more likely to die during pregnancy and childbirth. A lot of work was taking place nationally and locally to understand the causes of this. A training package had been put together for midwives regarding cultural differences and unconscious bias.

(viii) For data collection purposes a maternal death included any death during pregnancy or 6 weeks after birth.

RESOLVED:

That the update regarding the Women's Health Programme be welcomed.

2.00 - 3.35 pm CHAIRMAN
17 March 2025

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.

There will be provision to include as a general item on the agenda for Member Questions on matters that are not covered elsewhere in the same agenda.

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 (as amended by The

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024). The Regulations provide 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 Committee may write to request (via a call-in request form) that the Secretary of State consider calling in a proposal. The Department for Health and Social Care expects this only to be used in exceptional situations where local resolution has not been reached.

All written requests should state clearly how the request meets one of the following criteria:

a) there are concerns with the process that has been followed by the NHS commissioning body or NHS provider (for example, the adequacy of

the content of consultation with the public or the time allowed for consultation with the public; how options have been developed);

b) a decision has been made and there are concerns that a proposal is not in the best interests of the health service in the area.

iii) To scrutinise 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.

iv) To scrutinise 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, and the NHS England etc.).

v) 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.

vi) 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 Leicestershire County Council Constitution:
https://democracy.leics.gov.uk/documents/s181897/Part4B%20Access%20to%20Information%20Procedure%20Rules.pdf

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.

NHS
Leicester, Leicestershire and Rutland

Stakeholder brief – NHS Transformation

The NHS in Leicester, Leicestershire and Rutland (LLR) is built on a strong foundation of partnership working, helping us make the most of available budgets to deliver high-quality care for our communities.

During the last financial year, we worked together as a system to deliver a challenging joint financial plan. Despite the difficulty, the system saved £150 million by improving the efficiency of how services are delivered.

However, the financial challenge continues — both locally and nationally. Demand for health and care services is rising, and the pressure to deliver savings this year is even greater. It is clear that we must live within our means and stay within budget. For LLR, our budget is £2 billion this means that we need to make savings of around £190 million.

National and local changes announced earlier this year have added further pressure. These include organisational restructures that are impacting staff, with the ICB in LLR required to reduce its running costs by up to 33%. NHS Trusts have also been given targets to reduce workforce growth, particularly in non-clinical/non-patient-facing areas roles and there has been a pause on recruitment to some vacancies in these areas.

Health and care partners across LLR are tackling these challenges head-on. Everyone working in our system remains committed to delivering the high-quality care our communities expect and deserve. We are focused on making every pound count — but the scale of the challenge means we will need to make difficult choices about how services are delivered or potentially stopped.

We will need to work closely with our partners — including councils, voluntary sector organisations, patients and the public, to become more efficient and make the changes needed to meet our financial targets. By working together as a system, we can make the changes needed to succeed.

We know there are three key areas to focus on:

- **Recruitment and staffing** – Prioritising the most critical, patient-facing roles, and reducing bank and agency spend, whilst maintaining our strong focus on putting patient safety first.

- **Tackling inefficiencies** – including inefficient processes to delivering care that doesn't meet patients' needs. We can all help by improving how we work and making sure we are delivering the right care in the right way.

- **Redesigning services** – We need to make sure we are using our budgets to fund the services our population most needs. That may mean changing or potentially

stopping some established services and rethinking how to deliver better outcomes for patients.

As well as focusing on these areas, we are contributing to the development of the national 10-Year Health Plan, which aims to transform healthcare delivery by emphasising prevention, enhancing community-based care, and embracing digital technologies. Our local shorter-term operational plans will be developed alongside this to ensure we are aligned nationally while responding to local needs.

If you'd like to discuss anything in more detail, please do get in touch. We will continue to keep you informed through our usual channels.

To help support conversations with your constituents, teams, or communities, we've also **included a short briefing on the organisational changes to the NHS.**

Best wishes

Caroline Trevithick
CEO, LLR Integrated Care Board

Paula Clark
Chair, LLR Integrated Care Board

NHS transformation – briefing

National overview

The government announced during March that over the next two years, NHS England (NHSE) will be formally integrated into the Department of Health & Social Care (DHSC). The announcement also included that running costs of Integrated Care Boards (ICBs) will be reduced nationally by around 50%. There is also an ask to all NHS providers to focus on productivity and deliver value.

The new Chief Executive Officer of NHS England, Jim Mackey, wrote to the NHS to share further information on the transformation plans, including the future plans for Integrated Care Boards (ICBs) which can be read in full **here.** A model for ICBs has now been shared to support executive teams to put in place next steps to support the changes – the full details can be found below**.**

The role of the ICB – what will it look like?

There are 42 ICBs across the country which are responsible for planning health services for their local populations. ICBs manage the NHS budget, allocate resource, and oversee the delivery of healthcare services to improve outcomes. The Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) is the ICB for this region.

The national 10 Year Health Plan sets out a leaner and simpler way of working, where every part of the NHS is clear on its purpose, what it is accountable for, and to whom. The 10 Year Health Plan will be published later this year and will include more detail on the wider system architecture and clarify the role and accountabilities of trusts, systems, and the centre of the NHS.

The new model for ICBs focusses on strategic commissioning to support the delivery of the 10 Year Health Plan to:

- Increase population health
- Improve access to more consistently high-quality care
- Help deliver strategies that move more funding and support out of hospitals and into local services.
- Reduce inequalities and work with people who use services and communities to develop strategies to improve and tackle inequalities

The model asks for ICBs to cluster where necessary in order to reduce running costs by up to 50%. The aim is to reduce duplication, improve efficiencies and support collaboration between health and care organisations. ICBs will be funded based on a per-head population cost, around £18 per head, as part of the transformation.

These changes will mean that some work the ICB does at the moment will move to providers of services, local authorities or other parts of the NHS, subject to legislation changes.

To make these changes, staff working in the ICB will need to be supported through a management of change and the national timeframe for this is planned to be worked through and delivered by the end of the calendar year.

What does this mean for LLR?

The ICB executive team is working closely with colleagues across the East Midlands to consider the next steps. Discussions so far have focused on the future ICB model, the significant savings required based on per-head population costs, and the potential development of a cluster model as a planning assumption. In LLR, running costs will need to be reduced by 30 per cent.

Details around the emerging clusters across the East Midlands are still being worked through. As these are finalised, the national team will confirm the final cluster alignments.

There is still a significant amount of work to do to fully understand and implement the changes needed to deliver the ambition of the national transformation plan. To support this, weekly meetings are taking place at national, regional, and local levels to ensure progress is made at pace and with alignment across the system.

What does this mean for patients?

The changes will not impact patients' access to the NHS - it will still be free at the point of use.

The national changes being made are about who makes decisions and who spends the money.

In the long term, the NHS may look different - but patients going to see their GP or going into hospital will see little difference and any changes made to services will involve people.

Latest updates

We will continue to keep you updated through our stakeholder updates – Five for Friday. If you have any questions, please get in touch via llricb-llr.corporatecomms@nhs.net

More information

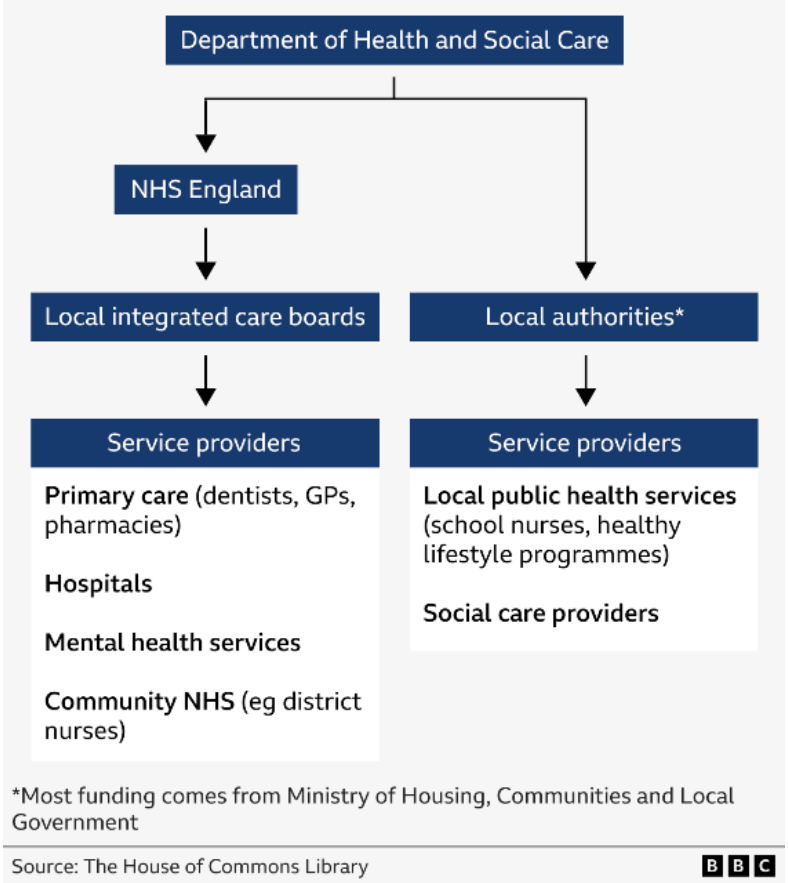
BBC – What does NHS England do?

NHS Confederation – NHS Changes – all you need to know

Kings Fund – The reshaping of NHS Bodies

For more information about Leicester, Leicestershire and Rutland ICB

How the NHS is funded



Model ICB

Leicester, Leicestershire and Rutland Joint Health Scrutiny

Work Programme 2025-26

Date of Meeting	Agenda Items	Organisation Responsible	Notes
Monday 16 June 2025	Introduction to NHS, changes (structural) difference between 50% reduction and 50% growth (briefing) and the policies Pilot Digital Project (EMAS) Shared care record	**UHL/ ICB/ LPT**	1. Admin processes, bureaucracy and IT issues getting in the way of patients being seen by the right person. 2. LA/ NHS working together
Thursday 27 November 2025	System Health Equity Committee request to conduct a 'deep dive' into longer waits at both the Emergency department and patients waiting for ambulances to assess the impact against protected characteristics. NHS work to tackle isolation – i.e the social prescribing model across LLR and its	**EMAS / UHL/ ICB** **UHL/ ICB**	

	effectiveness in directing patients/public to services. Access to healthcare. Digital Focus (Presentation)		
Monday 23 February 2026			