



Leicester
City Council



Leicestershire
County Council



Rutland
County Council

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

DATE: MONDAY, 23 FEBRUARY 2026

TIME: 10:00 am

PLACE: Meeting Room G.01, 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 Singh Johal

Councillor Haq

Councillor Westley

Councillor March

Councillor Sahu

Leicestershire County Council

Councillor Hill (Vice-Chair of the Committee)

Councillor Crook

Councillor Knight

Councillor Durrani

Councillor McDonald

Councillor King

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 (Senior Governance Support Officer) e-mail: katie.jordan@leicester.gov.uk

Oliver Harrison (Governance Support Officer) e-mail: Oliver.Harrison@leicester.gov.uk

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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:

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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 - 14)**

The minutes of the meeting held on 27th November 2025 have been circulated and the Committee is asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. PETITIONS

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

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that sixteen questions had been received:

1. Godfrey Jennings to ask - What is the JHOSC's view of University Hospitals of Leicester NHS Trust's and Leicestershire Partnership NHS Trust's adoption of Palantir's Federated Data Platform, taking into consideration that international human rights proponents Amnesty International have urged all public bodies to end any contracts with Palantir?
2. Godfrey Jennings to ask - Could I request the briefing in development for Trusts due to be released early March is published alongside the minutes for this meeting?
3. Godfrey Jennings to ask - Does the committee agree that it is the responsibility of UHL and LPT to put in place a robust plan to consult the communities within LLR and to undertake a cost-effectiveness analysis,

comparing Palantir's products with alternative products and providers, bearing in mind Trusts elsewhere have found their locally produced solutions to be far superior than what the Federated Data Platform is offering and have thus declined to adopt the FDP. Can the committee also confirm that these NHS trusts retain the discretion to act in accordance with the respective outcomes, irrespective of any supposed "mandate" from the Department of Health and Social Care, as confirmed by the FDP Regional Delivery Manager in FOI requests, and that the risk of proceeding without community trust would be catastrophic, considering around 50% of people have indicated in YouGov polling that, given the choice, they would opt out of such services, which would only entrench inequalities in health service planning?

4. District Councillor Bob Waterton to ask - At the March 2025 meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny, the spokesman for University Hospitals of Leicester stated that a review into the clinical safety implications of the delay in funding for Our Future Hospitals was being undertaken by UHL. He promised that the review would be completed within three months and that the review would be available to the public. The minutes of the March 2025 meeting state that it would be "made available via the Trust Board minutes". There is an item on the review in UHL's recently published Our Future Hospitals and Transformation Committee minutes for December 2025. However, it is not possible to find out from these minutes what the content of the review is because the associated papers are not made available to the public. Has the review now been made available to the public and, if so, how? What were its findings?

Questions relating to St Marys and Maternity Services across Leicester, Leicestershire and Rutland.

5. Anna Pollard to ask - The case for the closure of St. Mary's seems to be predicated in part on low birth numbers. Can you confirm why you have not taken into consideration the numbers using the postnatal ward which are much higher, with many women transferring in for excellent postnatal care from around the Trust area, and what exploration has been done into the possibility of retaining the postnatal ward in the event the birthing services are permanently removed?
6. Jean Burbridge to ask - Why has a staffing challenge, which appeared to arise from temporary rather than permanent circumstances, resulted in a decision for permanent closure? We saw in the newspapers earlier this month that many cancer units are being prevented from hiring more doctors for cost-cutting reasons. Is it the case that UHL is not able, for reasons of policy or finance, to hire enough midwives to staff maternity services?
7. Jean Burbridge to ask - The decision to close St Mary's Birth centre without replacement breaches a promise made in 2021 that a stand-alone midwife led unit would be trialled at the LGH for "at least three

years” (Azhar Farooqi, then CCG chair, at the CCG meeting on the Building Better Hospitals for the Future Decision Making Business Case, June 2021). This is not the first time a consultation in Leicester, Leicestershire and Rutland has led the public to believe that the closure of one service would be replaced by another, only to find later that the closure occurs but not the replacement. The public are left losing their service and receiving no replacement and often feel duped and let down. Does the ICB accept that another decision not to honour the replacement service is likely to undermine further public confidence in the integrity of local NHS consultation exercises?

8. Godfrey Jennings to ask - Is the plan to site all maternity services in the city centre, on the site of the Royal Infirmary, major incident and pandemic proof and if so, how?
9. Borough Cllr Helen Cliff to ask - Regarding safety, recently, a Melton resident who lives walking distance from St. Mary’s Birth Centre, had an unattended birth due to the home birth team being too far away to get to her in time, which resulted in an ambulance being needed to transfer them both to hospital afterwards. Another resident, who feared not getting to a Leicester hospital in time from Melton, chose to relocate to her parents’ house to be closer to the city when the time came. Had she not done so, her baby would have been born in the car on the way as her labour was as quick as she feared it might be. Can you explain how shutting the doors of St. Mary’s made either of these women and their babies more safe, than had they been able to be cared for by midwives at the birth centre in Melton Mowbray, and can you confirm what recruitment plans you have to expand the home birth team in light of the withdrawal of services at St. Mary’s, to cater for those who still wish to avoid a hospital birth in the city moving forwards.
10. Brenda Worrall to ask - The most recent CQC inspections gave maternity care at the Royal Infirmary and Leicester General Hospital a rating of ‘Requires Improvement’ but a rating of ‘Good’ for maternity care at St Mary’s. Does UHL have confidence in the CQC ratings? What are the views of midwives who work at St Mary’s – do they feel that the quality of the care they give has been questioned by local NHS leaders? Do the midwives who work at St Mary’s continue to have faith in the safety and value of St Mary’s?
11. Brenda Worrall - Has Councillor Helen Cliff’s updated briefing paper on St Mary’s birth centre been considered by the Committee?
12. Borough Cllr Allen Thwaites - In the Decision-Making Business Case, following the public consultation in 2020, to establish a standalone midwife led unit at the Leicester General Hospital, you made a promise to local residents, that closing the doors of St. Mary’s signified a relocation of standalone midwife-led services, not an outright withdrawal across the Trust?

13. Borough Cllr Allen Thwaites - Can you confirm when the ICB and/or the Trust first sought legal advice on your proposal to renege on that promise?
14. District Councillor Bob Waterton to ask - Closure of St Mary's - It is very difficult for the public to get any sense of what is happening with the Our Future Hospitals reconfiguration from UHL's public Board papers. Why is this and what alternative communication channels has UHL used to keep the public updated on a regular basis? Why are UHL Board papers from previous meetings no longer in the public domain and must now be requested instead in writing?
15. Sally Ruane to ask - Research has shown that, for low risk pregnancies, stand-alone midwife led birth centres have as good outcomes for babies and better outcomes for mothers (in terms of less intervention and more "normal" births) than other types of birth units. It is not surprising therefore that the National Institute for Health and Care Excellence (NICE), which establishes the quality guidelines in the NHS, states that stand-alone midwife led birth centres should be made available. How does removing the stand-alone midwife led birth centre safeguard patient choice for low risk women and meet the NICE quality standard?
16. Sally Ruane to ask - As well as a place for giving birth, St Mary's also provides invaluable inpatient postnatal care (with 8 beds in 2020). This care is taken up by a far wider group of mothers than those who choose to give birth at St Mary's. The CQC singled this care out as of particular benefit for mothers with complex needs such as women with physical disabilities or mental health conditions. Why is no explicit mention of postnatal care made in the pause and proposed closure statements? Is it true that UHL does not collate the numbers of women who use this postnatal care? If we included these service users, the balance of benefits to costs would alter but they have been excluded from the calculation.

7. UPDATE ON ST MARY'S BIRTH CENTRE

**Appendix B
(Pages 15 - 22)**

The Chief Nursing Officer for Leicester, Leicestershire and Rutland and Northamptonshire Integrated Care Boards submits a report to update the commission on the decision to pause births and postnatal inpatient services at St Mary's Birth Centre (SMBC) in July 2025 consultation and engagement process.

8. LLR SEND & INCLUSION ALLIANCE UPDATE

**Appendix C
(Pages 23 - 54)**

The Director of Leicester, Leicestershire and Rutland (LLR) SEND and Inclusion Alliance Team submit a report to provide the Commission with information about the work of the LLR SEND and Inclusion Alliance including:

- LLR SIA approach to co-production
- LLR SEND Change Programme Partnership (CPP)

- › SEND Aligned Commissioning Programme
- › Shaping SEND Futures – local community inclusion model
- › Operational Plan for 2026/27

9. MEMBERS QUESTIONS NOT COVERED ELSEWHERE ON THE AGENDA

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

10. WORK PROGRAMME

**Appendix D
(Pages 55 - 58)**

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

11. ANY OTHER URGENT BUSINESS