



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 11 OCTOBER 2018 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Cleaver

Councillor Dr Moore

In Attendance:

Councillor Clarke: Deputy City Mayor with responsibility for the Environment, Public Health and Health Integration.

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31. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin and Pantling.

Richard Morris, Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group and Micheal Smith, Healthwatch Leicester and Leicestershire also submitted their apologies.

32. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were made.

33. MINUTES OF PREVIOUS MEETING

Members were asked to agree the minutes of the meetings of the Health and Wellbeing Scrutiny Commission held 5 July 2018 and 23 August 2018.

With reference to the minutes of the meeting held 23 August 2019, the Chair asked for an amendment to minute item 19, bullet point 5 to add the words 'on the STP' to the text as follows:

5. To date, there had been no assurances that a full consultation *on the STP*,

would go ahead or what this might look like.

RESOLVED:

that the minutes of the meetings held on 5 July 2018, and 23 August 2018, subject to the above amendment, be approved as correct records.

34. CHAIR'S ANNOUNCEMENTS AND UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

Meeting of the Health and Wellbeing Scrutiny Commission held 23 August 2018

The Chair requested that the recommendations, including the use of volunteers relating to the Integrated Lifestyle Services Review be forwarded onto the Executive.

In relation to the Proposed Changes for the Prescribing of Medicines for Minor Ailments, the Chair requested that the report with the Equality Impact Assessment be sent to the Executive.

Meeting of the Health and Wellbeing Scrutiny Commission held 5 July 2018

The Chair reported that the concerns raised at the meeting on 5 July 2018, relating to the signage for the Leicester Royal Infirmary, had been forwarded to the City Highways Director. The Director had responded that the signage would be part of the Legible Leicester scheme, and a response would be brought back to the scrutiny commission.

In relation to a site visit to the Leicester Royal Infirmary, Members indicated that a visit mid-morning early in November would be convenient

Proposals for the consolidation of the Level 3 Intensive Care Units.

The Chair thanked Members and officers for their attendance at the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committees where the consolidation of the Level 3 Intensive Care Units had been considered. The Chair commented on the very good support received from Scrutiny and Democratic Support officers. Members of the commission in turn thanked the Chair on, what was acknowledged to be a huge piece of work.

35. UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST RESPONSE REGARDING RADIOLOGISTS SHORTAGES

Andy Rickett, Clinical Director of Strategy and Communications presented a report regarding shortages of Radiologists. The report explained that the Royal College of Radiologists had been highlighting a national shortage against a backdrop of increasing demand. Members were asked to consider the

University Hospitals of Leicester's (UHL) response to the shortage.

Mr Rickett explained that the increasing demand resulted partly from the drive for an earlier diagnosis but there were also issues around the workforce. The service had a 5 % increase in the workforce but an increase in demand of about 30%. A dynamic recruitment process around the world was taking place along with an active training scheme, but some of the imaging work had to be outsourced.

The Chair thanked Mr Rickett for the report and invited questions and comments from Members. During the ensuing discussion, questions and responses given included the following:

- It was questioned whether any new technology was forthcoming which would make the imaging process more efficient, possibly by using artificial intelligence. Cathy Lea, Lead General Manager for Imaging explained that the UHL was part of a large research programme which was looking at artificial intelligence. The new magnetic resonance imaging (MRI) scans took longer than the older MRI's but their images were more detailed and very good quality.
- Congratulations were given to the UHL that they were successful in recruiting radiologists and had bucked the national trend. A Member questioned whether more could be done to encourage children to consider radiology as a career. Ms Lea responded that an open day was being held on 10th November at the General Hospital for people to find out about the work that took place in a hospital imaging department. This was open to everyone and information had been sent to schools and universities. The Chair asked for details so that the open day could be advertised in councillors' wards.
- The Chair commented that it was evident that more could be diagnosed through screening and the quality of the scans was improving. She asked what was causing the rise in demand. Mr Rickett said that it was partly because the public had raised expectations, but also due to Government health campaigns which raised awareness. These campaigns resulted in an increased demand for imaging scans.
- The new Emergency Department had also led to an increase in demand; Members heard that there was a message to be put across to colleagues to ensure that imaging was used in the correct way.
- In relation to staff, it was anticipated that the shortage of radiologists would continue. In response to a query as to whether Brexit would affect staffing levels, the commission heard that the service had a large group of Portuguese radiologists and a lot of work was being carried out to assure them that they could stay post Brexit.
- The commission heard that Leicester was the first place in the country to have a post mortem CT service. For cultural reasons, some people did not

want the usual type of post mortem to be carried out on their loved ones because it was invasive, but very positive feedback had been received on the CT post mortem service.

The Chair drew the discussion to a close and wished the Radiologist Team good luck for the future

AGREED:

that the Health and Wellbeing Scrutiny Commission notes the report and supports the work of the Radiologist Service.

36. LEICESTERSHIRE PARTNERSHIP NHS TRUST (LPT) UPDATE ON KEY RISK AREAS - WORKFORCE AND ESTATES

Dr Peter Miller, Chief Executive, Leicestershire Partnership, NHS Trust (LPT) submitted a report that provided an update on workforce and estates. These were two specific risks which had been previously identified and risks which the Scrutiny Commission had sought additional assurance from the LPT.

Dr Miller presented the report and Members considered the workforce issues first. Points made included the following:

- The Trust had approximately 200 nursing vacancies; this equated to an overall percentage of approximately 11%. This reflected an upward trend compared to about 8% three years ago.
- A considerable amount of work had been carried out to halt the trend and for example, pharmacy technicians now dispensed medication on wards instead of nurses.
- The numbers of nurses coming through apprenticeships and universities were not sufficient to close the vacancy gap.
- There were approximately 700 registered nurse vacancies across Leicestershire, Leicester and Rutland and it was not possible to rely on recruiting from other countries or neighbouring counties.
- In spite of the nursing vacancies, Dr Miller gave his assurance that there were enough staff on the wards; albeit some of the staff were temporary.
- The Chair commented that the commission were considering looking into work force pressures in Leicester. The Chair referred to the removal of nursing bursaries and Dr Miller explained that there had been a cap on recruitment due to the limited amount of money available to finance the bursaries. The cap on recruitment had been lifted because now nurses took out student loans like other students. There had been speculation as to whether the removal of the cap would result in an increase in recruitment but to date that had not happened and Dr Miller said that time would tell if the initiative had been successful.

- In response to a question about nursing degrees, the Commission heard that student nurses gained practical skills working on wards as well as studying at university. There was an apprenticeship route into nursing as well.
- It was suggested that there should be opportunities for people to gain experience by working in a less skilled role with lighter duties to enable them to decide whether nursing was for them. A further suggestion was for hospital staff to go into primary schools to attract children's interest in nursing at an early age. Dr Miller commented that he agreed that it was necessary to attract young people's interest early; he went to jobs fairs and a new career pathway had been launched for young people aged 16 plus. He acknowledged that there was a room for improvement on this strategy.
- The Chair stated that when the Commission considered the workforce, they would look at the university pathway to see whether it might discourage people from entering the nursing profession.
- The Vice Chair asked whether the outcome of the CQC Inspection, for example at the Bradgate Unit, had affected staffing. Dr Miller responded that work was needed in the Bradgate Unit as it was not a good environment for patients or staff. In children's mental health there were about 1400 children awaiting treatment; these children were monitored but staffing was an issue and having large numbers of temporary staff impacted on morale.
- The Chair commented that she did not believe that the CQC would have concerns about the LPT's staffing complement, but she thought it would be useful, when the Commission looked at workforce issues, to have more contextual information as to where Leicestershire was placed nationally.

Dr Miller then provided an update on issues relating to the LPT's estates. Points made included the following:

- The Trust was trying to reduce the number of estates in order to spend more on staffing. At the same time, they wanted to improve the quality of their estates.
- The Business case for CAMHS had been approved. The new site would be between County Hall and the Glenfield Hospital and the Trust had worked with families, children and staff on the design.
- It was hoped that digging on site would start in December 2018, if final approval was received.
- The Chair asked to see the business case for CAMHS; the Commission had sent in a letter to speed up the process but she believed that sight of the business case would ease some of the Members' concerns. Dr Miller confirmed that he would send this information.

- In respect of the Bradgate Unit, the CQC had made it clear that dormitory accommodation was not acceptable; therefore the only option was to build a new unit. A strategic outline case was being put together which was a significant piece of work.
- Dr Miller said that he would like to create an in-patient unit for older people on the Glenfield Hospital site and they would be consulting on this. The Chair stated that she would like consultations and engagements to be held as early as possible and Dr Miller responded that the proposals needed to be consulted on and would be brought to scrutiny.
- Regret was expressed by a Member and Dr Miller that there had been a significant increase in children going into psychiatric care now that Educational Psychologists no longer worked with children as they used to.
- The Chair stressed the importance of ensuring that the Bradgate Unit was fit for purpose in the interim period and asked for a report on some of the issues raised in the last CQC inspection.
- The Chair asked it to be noted that in the interest of clarity and to avoid any misunderstanding, an amendment was required to the last paragraph of the report relating to the NHS Reconfiguration Tests. The paragraph read:

‘Both the Leicester and Leicestershire health overview and scrutiny committees have written to confirm that a 4-mile relocation of the unit does not constitute a substantial variation in service and as such, public consultation is not required’

The Chair stated that a full stop was needed after the word ‘service’ to amend as follows:

Both the Leicester and Leicestershire health overview and scrutiny committees have written to confirm that a 4-mile relocation of the unit does not constitute a substantial variation in service.

Dr Miller was thanked for his report.

AGREED:

- 1) that the report and comments of the Scrutiny Commission be noted;
- 2) that the Commission request a report on the issues raised by the Care Quality Commission at their previous inspection; and
- 3) that the Commission be sent a copy of the Business case that had been submitted for the relocation of CAMHS.
- 4) that the strategic outline case be brought to the Commission as soon as possible.

37. PUBLIC HEALTH PERFORMANCE REPORT

Ruth Tennant, the Director of Public Health submitted a report that updated the Health and Wellbeing Scrutiny Commission on the performance of the Leicester City Council's public health services (funded through the ring-fenced public health grant) in 2017/18. The Director introduced the report and invited questions and comments from Members. During the ensuing discussion, comments and queries raised included the following:

- In relation to breast feeding, a member noted that 58% of babies, being seen by a health visitor, were still being breast fed at 6-8 weeks which was above the national average of 44%. A Member said that there were multiple benefits from breastfeeding and questioned whether anything could be done to raise the figures even higher. The Director responded that as part of their Healthy Child Programme, specific funding was allocated to local community groups to provide peer support for breastfeeding. Members heard that breastfeeding was promoted, by health visitors and also midwives during pregnancy and in the first weeks and months. Good online advice and chat rooms were also available.
- The Vice Chair referred to the Performance Report Summary and expressed concern that 10% of children in their Reception Year were obese. He noted that children were only weighed twice in primary schools and questioned whether they could be weighed more, which might help to bring that figure down. The Director explained that a considerable amount of work was taking place including food growing and cook and eat programmes, healthy eating and the daily mile scheme. The issue of obesity was difficult as parents had the overall responsibility and some parents did not believe that their child was obese.
- Reference was made to the 1000 Tweaks initiative in which people were encouraged to look at very simple things they could do or small changes they could make, to lead to a healthier lifestyle. For example, this might include eating smaller portions of food or walking a bit more.
- Comments were made that education was crucial as children then put pressure on their parent / carers. While it was noted that healthy eating was being promoted generally, concern was raised that healthy food was often not offered in secondary schools.
- Reference was made to the opportunities that were available for children in Eyres Monsell to grow food. The Deputy City Mayor for the Environment, Public Health and Health Integration commented that he chaired the Food Plan Board and they looked at food growing opportunities. Representatives from the food banks, retailers and Fareshare all had a place on that board and there was a strong focus on food growing. One of the issues that were looking at were the possibility of collections from allotments where there was a glut of produce.
- In relation to the city's oral health programme, it was noted that 25% of

primary schools had signed up to the programme. The Chair commented that the Commission had previously requested the Strategic Director of Children's Services to write to schools to encourage a higher take up of the programme. The Director of Public Health was unable to confirm whether this letter had been sent but confirmed that they would be contacting schools about this and the 1000 tweaks initiative. A Member suggested that it would be more effective to put this information in a colourful newsletter rather than a standard letter.

- The Director referred to the Sexual Health Services and said that the service would be moving into the Haymarket in January 2019. They would be looking at numbers visiting the new premises and trying to ensure that people were not falling through the net. Efforts would be made to raise awareness that the service was moving to a more central location and what the service would be offering.

AGREED:

- 1) that the report and comments of the Health and Wellbeing Scrutiny Commission be noted; and
- 2) that the Commission recommend that a colourful newsletter be sent out to schools providing information on the oral health programme and 1000 Tweaks.

38. COMMUNITY INTEGRATED SEXUAL HEALTH PROMOTION SERVICES

The Director of Public Health submitted a report that outlined the planned changes to local sexual health promotion services in response to changing local needs.

The Deputy City Mayor for the Environment, Public Health and Health Integration introduced the report and explained that the intention was to modernise services under one contract. The changes were subject to consultation and work was ongoing with existing providers in the meantime.

Members heard that the consultation ended at the end of November and subject to the results, it was hoped to go out to tender in November 2018. The outcome of the consultation would be brought back to the Commission.

It was questioned whether the new services as proposed would have sufficient flexibility to respond to ongoing changes. The Director explained that currently the system was not able to fully respond to migrants and their HIV needs, but the new system would respond better and would allow for appropriate groups to be prioritised.

A question was raised relating to sex education in schools and whether any work took place to find out what young people did not know. The Commission heard that school nurses carried out baseline assessments with young people to ascertain where help was needed.

A Member questioned how the service engaged with black communities and heard that the Voluntary Community Sector had good links and a very pro-active outreach took place. Councillor Dr Moore suggested that Councillor Cole might also have helpful contacts.

AGREED:

that the report and comments of the Commission be noted.

39. INTEGRATED SEXUAL HEALTH SERVICES

The Deputy City Mayor, with responsibility for the Environment, Public Health and Health Integration updated the Commission on the new Integrated Sexual Services Clinic in the Haymarket. Members heard that building work was ongoing and young people had been consulted on the design. The centre would be called 'Haymarket Health', a name which enabled the council to widen the scope of services provided.

The Deputy City Mayor stated that Haymarket Health would open in January 2019.

40. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19.

In response to a request, it was agreed that the work programme be amended to include people with autism and dementia.

AGREED:

that the Health and Wellbeing Scrutiny Commission Work Programme for 2018/19 be amended to include people with autism and dementia.

41. ITEMS FOR INFORMATION / NOTING ONLY

The Chair referred Members to the items for information and noting, including the Winter Care Plan which had been discussed at the Health and Wellbeing Board.

The Chair reminded Members that a meeting of the Joint Health and Wellbeing / Adult Social Care / Children, Young People and Schools Scrutiny Commission would be held on Tuesday 13 November 2018 at 5.30 pm.

42. PETITIONS

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

43. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

44. CLOSE OF MEETING

The meeting closed at 7.56 pm.